



**ANIMAL NAME:** \_\_\_\_\_  Dog  Puppy  Cat  Kitten  Bird  Other: \_\_\_\_\_

### Contact Information

Name (Last, First, MI): \_\_\_\_\_

Home address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

### Residence Information

- Do you own your own home?  Yes. For how long? \_\_\_\_\_  No
- If you rent, please provide your landlord's contact information below. Your landlord will be contacted.  
Name: \_\_\_\_\_ Phone \_\_\_\_\_
- Type of home:  House  Condo/Townhome  Apartment  Military Housing  Other: \_\_\_\_\_
- If you own a condo/townhome, have you checked with your homeowner's association regarding their pet policy?  
 Yes  No

### Family Information

- How many adults are in the house? \_\_\_\_\_ Children? \_\_\_\_\_ Children's Ages: \_\_\_\_\_
- Are you over 18?  Yes  No Are you a student?  Yes  No
- Do any members of your household have allergies specific to animals?  Yes  No  
If yes, please explain: \_\_\_\_\_

### Current Pet Information

- Do you currently have a pet?  Yes  No  
If yes, please list current pet(s) residing at your home (include roommates' pets as well):

Breed	Name	Age	Sex	Are they spayed or neutered?		# of years owned	Indoor/ Outdoor
				Yes	No		

- Have you owned any pets previous to the pet(s) listed above?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Do you already have a veterinarian?  Yes  No If yes, please provide their contact information:  
Veterinarian Name/Practice Name: \_\_\_\_\_ Phone \_\_\_\_\_
- May we contact your veterinarian for a reference?  Yes  No  
If no, please explain: \_\_\_\_\_
- How frequently do you seek medical care for your pets? \_\_\_\_\_
- Have you relinquished or given away any pets before?  Yes  No  
If yes, please explain the circumstances involving giving up your pet (i.e., to whom, why, and when):

**New Pet Information**

14. Where will your new pet be kept when you are home? \_\_\_\_\_
15. Where will your new pet be kept when you are *NOT* at home? \_\_\_\_\_
16. In a 24-hour day, how long would your pet be left alone at any given time? (Please check one):  
 2-4 hours    4-8 hours    8-12 hours    12+hours
17. If adopting a puppy, kitten, bird, or reptile, have you had any previous experiences and/or training?  Yes  No  
If yes, Please explain—including provider of the training:
18. If going on vacation, who will care for your pet? \_\_\_\_\_
19. Why are you interested in adopting this pet? \_\_\_\_\_
20. Are you willing to spend money for any medical/behavioral issues?  Yes. How much? \_\_\_\_\_  No
21. Who will ultimately be responsible for the feeding, socialization and other training of this pet? \_\_\_\_\_
22. Under what circumstances would you not keep this pet? \_\_\_\_\_  
*(Note: Animal Services always take their pets back if needed)*
23. Describe the personality of your ideal pet:  Active  Mellow  Loving  Independent  CouchPotato  
 Good w/other animals  Frisky  Tolerant
24. Where will this pet live? (please check one)  
 Inside house only    Inside and Outside    Outdoors only    Other \_\_\_\_\_
25. Where will this pet sleep? (please check one)  
 Inside the house    Outdoors    Garage    Other \_\_\_\_\_
26. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship. Remembering that you are applying for a lifetime companion— are you willing to make the investment in both time and finances (up to \$1,000 or more annually) to care for and properly manage your new pet? Yes  No
27. How much time do you need to prepare for your new pet before taking him/her home? \_\_\_\_\_
28. Would you agree to a home inspection prior to adoption?  Yes  No

**PLEASE READ THE FOLLOWING CAREFULLY**

I hereby certify that the above information is true. I understand that any falsification discovered during the adoption process may result in the nullification of this adoption. I understand that this pet may live 12 or more years and I am prepared to give it the medical and emotional care and support that it needs. In addition, I understand that expenses (i.e., food, medical care, vaccinations, and supplies, etc.) may average \$1,000 or more annually. Adoptions are based on the best match, thus this application may not necessarily result in the adoption of the animal(s) listed above. Please know that the staff at the County of San Diego, Department of Animal Services, strive to achieve the most successful match for both pet and prospective family. **BY SIGNING BELOW, I ACKNOWLEDGE HAVING READ THIS APPLICATION, ANSWERED ALL QUESTIONS, AND FULLY UNDERSTAND THE RESPONSIBILITY OF ADOPTING A PET.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT USE ONLY:**

Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  Approved  Disapproved

Comments: \_\_\_\_\_