



ADOPTION APPLICATION

Email completed form to PoochKabooseInc@gmail.com

215-887-WOOF

(Please PRINT clearly)

Full Name (*Last name, First name*): _____

Address: _____ City/State: _____ Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Age: _____ Date of Birth: _____

♥ OFFICE USE - Animal Name: _____ Tag #: _____

♥ VETERINARIAN CONTACT INFORMATION:

Name: _____

Phone: _____ Fax: _____

Address: _____

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip: _____

Is this pet for you? [] Yes [] No

Are you at least 18 years old? [] Yes [] No

Have you ever owned this type of pet? [] Yes [] No

Are you a student? [] Yes [] No

What, if anything, would cause you to remove this pet, or relinquish it to a shelter? _____

Do you own or rent your residence? [] Own [] Rent Do you live in a single-family dwelling? [] Yes [] No

How long do you plan to stay at your current address? _____

If you rent your home, do you have permission to have this type of pet from your landlord? [] Yes [] No

(Please provide copy of lease)

Landlord's Name: _____

Landlord's Phone #: _____ Type of residence? _____

Do you have a yard? [] Yes [] No

If so, is it a fenced in yard? [] Yes [] No

List the names and ages of anyone under the age of eighteen who lives with you and their relationship to you:

Where do you plan to keep your pet during the day? _____

Where will your pet stay at night? _____

What will you feed your pet? _____

How much money do you plan to spend on this pet annually? Please consider food, entertainment, training, wellness and vacation plans: _____

Will this be the only pet in your home? _____

List any other pets you have: _____

List any pets who have lived in your home in the last 5 years:

Animal Name: _____

Type: _____ Length of Ownership? _____

Still living with you? Yes No If No, Why? _____

Animal Name: _____

Type: _____ Length of Ownership? _____

Still living with you? Yes No If No, Why? _____

Animal Name: _____

Type: _____ Length of Ownership? _____

Still living with you? Yes No If No, Why? _____

Do you agree to have this pet sterilized? Yes No

Do you agree to take this animal to our clinic, or to your own veterinarian, for routine examinations, vaccinations, if he/she should require specialized care or treatment, illness or disease? Yes No

What purpose will this pet serve? Personal Companion Guard Dog, Home/Business Children's Playmate
 Gift for Another Person Playmate for Another Pet Mouser Other

Additional donation to cover the cost of caring for the animals: \$ _____

I verify that I have read the instructions and application requirements:

Print Name: _____

Signature: _____ Date: _____

We cannot place a hold on any adoptable animal except where we require a meeting between the animal and your family or resident pets. In this case the animal will be held for no more than four hours. You may also ask about sponsoring a pet or fostering pets (separate application) or other ways to help Kazoodles Boutique. Please allow 2-5 days if your adopted pet must stay to be spayed. We will contact you when your pet ready to come home. Failure to keep inoculation appointments will result in a charge to you for repeating them. We cannot return your application to you.

 **FOR OFFICE USE ONLY:**

Application Received By: _____ Date: _____

Application References Checked By: _____ Date: _____

Client Notified By: _____ Date: _____

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