

ADOPTION APPLICATION FOR CREATIVE CONTRIBUTIONS FOSTERS

CONTACT INFORMATION:

First Name:

Last Name:

Street Address

City

State

Zip/Postal Code

Email

Home Phone

Cell Phone

NAME OF DESIRED ANIMAL

HOUSING INFORMATION

Do you live in a House Apartment Condo Mobile Home

Do you Rent Own

If renting: Landlord's name and number

Are Pets Allowed? Yes No

Do you have a fully fenced in yard? Yes No

What type of fence is it and how high is it? N/A Height

If you do not have a fenced in yard, what arrangements will you make for toilet duties?

HOUSEHOLD INFORMATION

Number of Children living in the household *Ages of children*

Number of Adults

Have allergies to animals been a problem for any household member?

Yes No

Are all family members aware that you are considering adopting a pet?

Yes No

Do they all approve?

Yes No

If no, what are their objections?

PET HISTORY

Do you currently own pets? Yes no

Total Number of Animals?

Are they current on the vaccinations? Yes No

Name, type/breed, age and gender of currently owned pets

How long have you owned these pets? (answer for all animals)

Is this pet neutered/spayed? (answer for all animals)

Will someone be home with your pet during the day? Yes No

On average, what is the greatest number of hours the pet will be alone?

Where will the pet spend most of its time?

Crate Indoors Outdoors Garage
Basement Dog run

Where will your new pet's main sleeping quarters be?

Crate Pet Bed Share bed with owner
Designated Room Outdoors Garage
Basement

Is there someone home at night? Yes No

Do you plan to travel with your Pet? Yes No

If not, where will the pet stay while you are away?

Friend or Family Boarding In home Pet sitting

Have you ever taken a dog to obedience class? Yes No

Have you ever crate trained a dog? Yes No

What type of activities do you plan for you and your dog?

Are there any other things that you wish for us to consider when reviewing your application?

DESIRED ANIMAL

Why do you wish to adopt this animal?

Watch Dog Companion

VETERINARIAN INFORMATION

Name of current veterinarian?

Name and location of animal hospital?

Post Adoption Requirements

1. You will abide by your city's leash law and licensing requirements
2. You are responsible for providing proper shelter, food, water, exercise, medical care and humane treatment at all time for your companion animal.

I certify that the information given on this application is true and correct. If I am approved to adopt an animal, I agree to the above requirements.

By submitting this Adoption Application, I am testifying that it, and all accompanying documentation, is true and factual. Creative Contributions reserves the right to reject any application.

Signature

Date:

