

# Pines West Animal Hospital

## Adoption Application

Please fax completed application to 954-430-5354 or email to  
contact@pineswestanimalhospital.com

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

YEARS EMPLOYED: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

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1) How did you hear about us? \_\_\_\_\_

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2) Do you live in a: **CONDO**  **APT.**  **TOWNHOUSE**  **DUPLEX**  **HOUSE**   
**MOBILE HOME**  **OTHER**

3) How long have you lived at this address? \_\_\_\_\_

4) Do you.. **RENT**  **OWN**  **OTHER**  \_\_\_\_\_

5) If you rent, is your lease..**YEARLY**  **MONTH TO MONTH**  **WEEK TO WEEK**

Name and phone number of landlord/owner: \_\_\_\_\_

Landlord approval: **YES**  **NO**  **UNSURE**  **RESTRICTIONS:** \_\_\_\_\_

6) Name of complex/association \_\_\_\_\_

Restrictions \_\_\_\_\_

7) How many adults reside in your household? \_\_\_\_\_

8) Are there children in your home? \_\_\_\_\_ Age(s): \_\_\_\_\_

9) What type of pet are you looking for? **DOG**  **CAT**

10) Have you ever turned in an animal to an animal shelter before? **YES**  **NO**   
If yes, reason? \_\_\_\_\_

11) Does it matter if the pet is house broken? **YES**  **NO**

12) Would there be anyone home during the day? **YES**  **NO**

If yes, who? \_\_\_\_\_

13) Has anyone in the household ever had an allergy to animal hair? **YES**  **NO**

14) How many pets have you had in the last 5 years? \_\_\_\_\_

If you no longer have these pets, what is the reason? \_\_\_\_\_

What brand of food did you feed the pet you previously owned? \_\_\_\_\_

15) How many dog(s) are currently in your home? \_\_\_\_\_

Breed/Sex \_\_\_\_\_ Age \_\_\_\_\_

Pet(s) name: \_\_\_\_\_

Are they spayed/neutered? **YES**  **NO**

If no, reason? \_\_\_\_\_

Are they.. **INDOORS**  **OUTDOORS**  **BOTH**

Are they up to date with all their vaccines? **YES**  **NO**

What brand of food are you presently feeding? \_\_\_\_\_

16) ) How many cat(s) are currently in your home? \_\_\_\_\_

Breed/Sex \_\_\_\_\_ Age \_\_\_\_\_

Pet(s) name: \_\_\_\_\_

Are they spayed/neutered? **YES**  **NO**

If no, reason? \_\_\_\_\_

Are they.. **INDOORS**  **OUTDOORS**  **BOTH**

Are they up to date with all their vaccines? **YES**  **NO**

Have they been feline leukemia tested? **YES**  **NO**  **UNSURE**

**RESULT:** \_\_\_\_\_ If yes, year tested? \_\_\_\_\_

Have they been feline AIDS tested? **YES**  **NO**  **UNSURE**

**RESULT:** \_\_\_\_\_ If yes, year tested? \_\_\_\_\_

Are they declawed? **YES**  **NO**  If yes, reason? \_\_\_\_\_

What brand of food are you presently feeding? \_\_\_\_\_

17) Where would your new pet be living... **INDOORS**  **OUTDOORS**  **BOTH**

18) Where would your new pet sleep? \_\_\_\_\_

Be when you're not home? \_\_\_\_\_

Be when you are home? \_\_\_\_\_

19) Is your yard fenced? **YES**  **NO**  **PARTIAL**  EXPLAIN: \_\_\_\_\_

What type of fence? **CHAIN**  \_\_\_ ft. **WOOD**  \_\_\_ ft. **CEMENT**  \_\_\_ ft.

20) Have you had to deal with Florida's flea problem? **YES**  **NO**

What do you do to control flea's and tick's? \_\_\_\_\_

21) Who is your veterinarian? \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital \_\_\_\_\_ Location \_\_\_\_\_

22) Why do you want to adopt a pet? \_\_\_\_\_

23) I, \_\_\_\_\_, agree that all the information which I have given is correct as written.

Signature: \_\_\_\_\_

Pet Desired: \_\_\_\_\_

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

\_\_\_\_\_