

Creekside Veterinary Hospital
10320 S. Main St.
Archdale, NC 27263
Phone: (336) 434-2574 Fax: (336) 434-2670
creeksidevethospital@yahoo.com

PET ADOPTION APPLICATION

(Adoption Applications can be returned in person, emailed or faxed)

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

1. Name of pet(s) that you are applying for: _____

2. Description of pet(s) that you are applying for (or looking for): _____

3. Do you want this pet for: **(Mark ALL that apply)**

☐ Companion ☐ Protection ☐ Gift
☐ Other _____

4. This pet will be without human companionship for about _____ hours per day, and _____ days per week.

5. Where will your pet be kept during the day? **(Mark ALL that apply)**

☐ Indoors ☐ Outdoors ☐ Dog Pen ☐ Crate ☐ Basement ☐ Garage
☐ Other _____

During the night? **(Mark ALL that apply)**

☐ Indoors ☐ Outdoors ☐ Dog Pen ☐ Crate ☐ Basement ☐ Garage
☐ Other _____

6. If adopting a cat, do you plan to let it outdoors? ☐ Yes ☐ No

If yes, how often? _____

Do you prefer a declawed cat? ☐ Yes ☐ No

7. Where do you live? ☐ House ☐ Apartment ☐ Townhouse ☐ Other _____

☐ Rent ☐ Own ☐ Live with Parents

Landlord's Name: _____ Phone Number: _____

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8. Does your landlord allow pets? ☐Yes ☐No ☐Don't know
Deposit Required? _____ Monthly Rent Increase? _____

9. Do you have a fenced in yard? ☐Yes ☐No
If fenced, please describe the height and type of fencing: _____

10. Is anyone in your household/family allergic to animals? ☐Yes ☐No
☐Cats ☐Dogs

11. What will you do with your pets if you move in the future? _____

12. Have you ever given up a pet? ☐Yes ☐No
If so, why? _____

13. What type(s) of pets do you own or have you owned in the last 10 years?

Name	Type/ Breed	Kept Where	Age	Spayed/ Neutered	Sex	Still Own	If not, why?
				YES NO		YES NO	
				YES NO		YES NO	
				YES NO		YES NO	
				YES NO		YES NO	

14. Who is (was) your veterinarian for the above animals?
Name: _____
Address: _____
Phone: _____

15. Please provide a personal reference:
Name: _____
Address: _____
Phone: _____

Signature

Date