

Hopewell Veterinary Hospital: Adoption Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

How did you hear about us? _____

Pet being considered:

Species: Dog Cat Other _____

Breed/Color/Markings: _____

Name (if known): _____ Birthdate/Age: _____

Sex: _____

Other pets:

Have you had pets before? _____ Type of pet(s) _____

Do you have other pets now? _____ Type of pet(s) _____

Veterinarian (past or current):

Name: _____ Phone: _____

Name(s) of pets seen: _____

(Do not fill out this section until adoption is approved)

Adoption fee:	Adult Dogs & Cats, over 1 year old	\$100
	Puppies, under 1 year old	\$150
	Kittens, under 1 year old	\$100

Form of payment: _____ Amount: _____

New Owner Signature: _____ Date: _____

Employee Signature: _____ Date: _____