



Adoption Application

1852 West 11th Street PMB 499

Tracy, California 95376

(209) 933-6274

ALL INFORMATION IS REQUIRED FOR PROCESSING

Date: _____

Name: _____ Phone#: _____

Address: _____

E-Mail: _____ Pet Interested in: _____

DO ALL ADULTS IN THE HOUSE KNOW YOU PLAN TO ADOPT? _____

Ages of children: _____ Is anyone in your household allergic to dogs? _____

Do you rent or own? _____ House or apartment? _____ Permission to have a pet? _____

Landlords name & contact #: _____

Do you have a fenced yard? _____ Where will the dog sleep at night? _____

When at work where will the pet be? _____ Where during extreme weather? _____

How many hours/day will the dog be left alone? _____ Other current pets: _____

What is your primary reason for wanting to adopt this pet? _____

What activities do you plan to do with your new pet? _____

What will you do if this pet gets sick? _____

What would you do if you could not keep this pet? _____

Are you willing to sign a contract stating the pet will be kept as a house pet and will NOT be used for medical or other experimental purposes, or as a guard dog, fighting animal, or bait for fighting animals?

Provide 2 references not related to you - one preferably your veterinarian or obedience trainer:

1. Vet Name: _____ Phone#: _____

2. Name: _____ Phone#: _____ Relation: _____

**THANK YOU FOR YOUR INTEREST IN ADOPTING A HOMELESS PET
FROM PEOPLE FOR PETS**