



## Adoption Application

1852 West 11<sup>th</sup> 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? \_\_\_\_\_ Home 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? \_\_\_\_\_

(Training, obedience, agility, therapy, camping, hiking, rally, fly-ball)

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, preferably your veterinarian or obedience trainer:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation: \_\_\_\_\_

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