

PHELPS COUNTY ANIMAL RESCUE

Name

First Name Last Name

Second applicant (if applicable)

First Name Last Name

Phone number

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Other adults/children ages

any other pets? list name, age, spayed/neutered and if current on vaccines

Have you recently lost or given away a pet? if yes please explain

Do you have a fenced in yard?

What veterinary do you use? Phone number?

Veterinary will be used as reference. Can we contact for basic shot/care records? Please Initial

Do you rent or own? If rent please provide landlord name and phone number.

Will animal sleep inside or outside?

Where will animal be when alone? How many hours a day will be alone?

Please provide two references and phone numbers.

Any additional information or animal applying for

By electronically signing this adoption application you are agreeing to a basic background check. You are also agreeing to provide humane care by giving this animal proper food, water, and

shelter. You will provide necessary veterinary care, in case of illness or injury, and up to date on yearly vaccines and spaying or neutering

Please email to phelpscountyanimalrescue20@gmail.com