



Adoption Application

Please print when filling it out, then mail to:

Pet Search, P.O. Box 1653

Washington, PA 15301

Pet Search has been established to provide for the rescue, care, and placement of animals that have been abandoned, neglected, abused, or which cannot be kept by their previous owner(s). Pets adopted through Pet Search are placed exclusively as indoor family pets. All animals placed by Pet Search that are over the age of six months are altered prior to adoption; pets adopted under the age of six months are required to be altered when reaching the age of six months. All pets are kept in foster homes; therefore, Pet Search feels that we are more knowledgeable about the pet and can help a prospective adopting family make the best decision for themselves as well as the pet. Please take your time in choosing a pet for a companion—this is a lifetime commitment that requires money, time and, most importantly, love.



DATE OF APPLICATION _____

NAME _____

HOME PHONE _____

ADDRESS _____

WORK PHONE _____

CITY _____

STATE _____ ZIP _____

AGE ___<18 ___18-25 ___26-30 ___31-40 ___>40

HOW ARE YOU EMPLOYED? ___FULL-TIME ___PART-TIME

EMPLOYER _____

EMPLOYER PHONE _____

PET YOU ARE INTERESTED IN ADOPTING

___DOG ___CAT ___PUPPY ___KITTEN ___SEX (M OR F) ___AGE)

NAME OF PET (IF KNOWN) _____

FOSTER HOME (IF KNOWN) _____

PLEASE LIST THE PETS YOU CURRENTLY OWN:

TYPE	SEX (M OR F)	AGE	SPAYED OR NEUTERED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU HAD OTHER PETS IN THE LAST FIVE YEARS? ___Yes ___No

IF YES, WHAT HAS HAPPENED TO THEM? _____

WHAT IS YOUR PRIMARY REASON FOR ADOPTING THIS PET? _____

WHO WILL BE PRIMARILY RESPONSIBLE FOR THIS PET? _____

DO ALL ADULTS IN THE HOUSEHOLD KNOW YOU PLAN TO ADOPT? ___Yes ___No

HOW MANY PEOPLE RESIDE IN YOUR HOUSEHOLD? ___ ADULTS ___ CHILDREN

AGES OF CHILDREN: ___ ___ ___ ___ ___

IS THIS PET A GIFT FOR SOMEONE? ___ YES ___ NO IF YES, FOR WHOM? _____

IS ANYONE IN YOUR HOUSEHOLD ALLERGIC TO DOGS/CATS? ___ YES ___ NO

HOW MANY HOURS WOULD THIS PET BE LEFT ALONE DAILY? ___

WHERE WILL THIS PET BE DURING THE DAY? _____ AT NIGHT? _____

WHERE WILL THIS PET BE WHEN THE WEATHER IS EXTREME? (RAIN, HEAT, SNOW, ETC.) _____

WHERE WILL THIS PET STAY WHEN YOU ARE AWAY FROM HOME? _____

CURRENT RESIDENCE: ___ HOUSE ___ APARTMENT ___ MOBILE HOME ___ DORM
 ___ FARM ___ CONDO/TOWNHOUSE ___ PARENTS ___ OTHER

DO YOU ___ OWN YOUR HOME ___ RENT YOUR HOME HOW LONG HAVE YOU LIVED AT THIS ADDRESS? ___ YEARS ___ MONTHS

IF YOU RENT: LANDLORD _____ PHONE _____

DO YOU HAVE YOUR LANDLORD'S PERMISSION TO OWN A PET? ___ YES ___ NO

IF ADOPTING A DOG: IS YOUR YARD FENCED? ___ YES ___ NO

IF YOUR YARD IS NOT FENCED, HOW WILL THE DOG BE CONFINED TO YOUR PROPERTY?

___ IN HOUSE ___ KENNEL ___ WALKED SEVERAL TIMES A DAY ___ CABLED RUN ___ CHAINED ___ ALLOWED TO RUN FREELY

HOW MANY TIMES PER DAY WILL YOU BE ABLE TO EXERCISE A DOG? ___

HOW DO YOU FEEL ABOUT USING A TRAINING CRATE? _____

HAVE YOU HAD EXPERIENCE IN HOUSEBREAKING A PUPPY? ___ YES ___ NO

IF ADOPTING A CAT: WILL YOU HAVE THIS CAT FRONT DECLAWED? ___ YES ___ NO

PLEASE ESTIMATE MONTHLY COST FOR THE PET YOU WISH TO ADOPT \$ _____ (FOOD, VET CARE, TOYS, LITTER, HEARTWORM PREVENTATIVE, ETC.)

ARE YOU FAMILIAR WITH LOCAL ORDINANCES CONCERNING PET OWNERSHIP? ___ YES ___ NO

DOES YOUR MUNICIPALITY HAVE BREED-SPECIFIC RESTRICTIONS? ___ YES ___ NO

VETERINARIAN REFERENCE _____ PHONE _____

OTHER REFERENCE _____ PHONE _____

RELATIONSHIP _____

WHAT IS THE BEST TIME TO CONTACT YOU FOR AN IN-DEPTH TELEPHONE INTERVIEW? _____

ARE YOU WILLING TO DRIVE TO THE FOSTER HOME FOR A SECOND INTERVIEW? ___ YES ___ NO

MAY WE MAKE A PRE-ADOPTION VISITATION TO YOUR HOME AT A MUTUALLY CONVENIENT TIME? ___ YES ___ NO

Pet Search reserves the right to request additional information from the applicant; we also reserves the right to reject any application if the foster home coordinator and/or foster home feels that it is not in the best interest of the pet.