



# PET SEARCH

PO Box 1653

Washington PA 15301

Office: 724.228.7335 Fax 724.225.2004

[www.petsearchpa.org](http://www.petsearchpa.org) [info@petsearchpa.org](mailto:info@petsearchpa.org)

Date of Application \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## ADOPTION APPLICATION

*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 over the age of 5 months are altered prior to adoption; pets adopted under the age of 5 months are required to be altered when reaching the age of 5 months. All pets are kept in foster homes; therefore, Pet Search feels 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 life-time commitment that requires money, time, and more importantly, love.**

**Please PRINT when filling out the application.**

**APPLICATIONS REQUIRE APPROXIMATELY 24 HOURS TO PROCESS**

Name: \_\_\_\_\_ Phone (home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age: \_\_\_ under 18 \_\_\_ 18-25 \_\_\_ 26-30 \_\_\_ 31-40 \_\_\_ over 40 Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Phone (work) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you employed  full time  part time

Pet you are interested in adopting:

Dog  Cat  Puppy  Kitten  Other M / F Age \_\_\_\_\_

Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_

Description \_\_\_\_\_

Please describe the pets you currently have:

| Type of Pet | Name | Age | Sex | Spay/Neuter |
|-------------|------|-----|-----|-------------|
|             |      |     |     |             |
|             |      |     |     |             |
|             |      |     |     |             |
|             |      |     |     |             |

Have you had pets in the past 5 years?  Yes  No

If yes, what has happened to them? \_\_\_\_\_

Have you adopted a pet from Pet Search before?  Yes  No

Type of pet adopted \_\_\_\_\_

What is the primary reason for adopting this pet? \_\_\_\_\_

Who will be 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 kept during the day? \_\_\_\_\_  
Where will this pet be kept at night? \_\_\_\_\_  
Who will care for your pet during vacation/in an emergency? \_\_\_\_\_

Current residence: House Apartment Mobile Home Dorm  
Farm Condo/Townhouse Parent(s) Other

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Do you Own your home Rent your home

If you rent: Landlord \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you have your Landlord's permission to own a pet? Yes No

If you move, what will you do with your pet? \_\_\_\_\_

**Dog adoption:**

Is your yard fenced? Yes No

If your yard is not fenced, how will dog be confined to your property?

in house kennel walked several times a day  
chained allowed to run freely

How many times per day will you be able to exercise your dog? \_\_\_\_\_

How do you feel about using a training crate? \_\_\_\_\_

Have you had experience in housebreaking a puppy? Yes No

Does your municipality have breed specific restrictions? Yes No

**Cat adoption:**

Will you have this cat front declawed? Yes No

Are your other cat(s) declawed? Yes No

Please estimate MONTHLY cost for the pet you wish to adopt \$ \_\_\_\_\_  
(food, vet care, toys, litter, heartworm preventive, etc.)

Are you familiar with local ordinances concerning pet ownership? Yes No

Veterinarian Reference \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Reference \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship \_\_\_\_\_

What is the best time to contact you for an in-depth telephone interview? AM PM

Are you willing to drive to the foster home for a second interview? Yes No

May we make a pre-adoption/post adoption visit to your home at a mutually convenient time? Yes No

*Pet Search reserves the right to request additional information from the applicant or require that certain conditions be met before approving an application. We also reserve the right to reject any application if the foster home coordinator and/or foster home feels it is not in the best interest of the pet.*

Signature of Applicant \_\_\_\_\_