

Have you ever had a pet before? Y N

Please provide a list of your current pets.

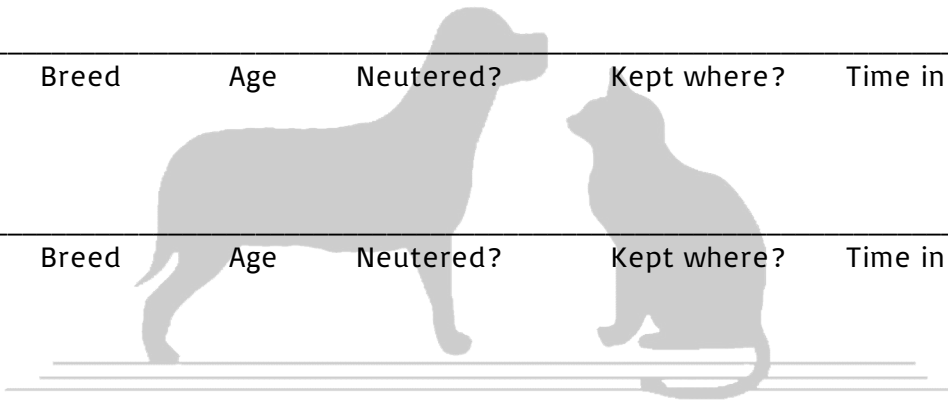
Name	Breed	Age	Neutered?	Kept where?	Time in your care
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Are your pets current on their vaccinations? Y N

Please provide your veterinarian's information.

Veterinarian's name: _____ Phone number: _____

Are you financially able and willing to provide annual checkups, vaccinations, and any other necessary medical expenses? Y N

Do you plan to spay or neuter the animal? Y N

Why do you want to adopt a pet? _____

What will you do if the new animal does not get along with your current pets? _____

Name of pet you are interested in: _____

Personal references: (Please provide at least two.)

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

By submitting this application, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of fact may result in Lakeview Veterinary Clinic refusing adoption privileges to me, and that the submission of this form does not guarantee my ability to adopt the animal.

Name Date

For office purposes only

Received on: _____ by: _____