



Office: (336) 393-0000
Fax: (336) 664-6302
lovingpetinnadoptions@gmail.com
facebook.com/lovingpetinnadoptions

PET ADOPTION APPLICATION

Please fill out ALL THREE PAGES completely and email or fax back.

APPLICATIONS WITH MISSING INFORMATION WILL NOT BE ACCEPTED OR PROCESSED!

Pet(s) you are interested in _____ Email _____
Your name _____ Phone _____
Address _____ City/State _____ Zip _____
Employer _____ Phone _____ Position _____
Have you adopted a pet from us before? YES or NO If yes, pet's name and year adopted _____

PET INFORMATION

How many pets do you currently own? Dogs _____ Cats _____ Other _____
Names, breeds and ages of pets _____

How many pets have you had in the past (10) ten years? Dog(s) _____ Cat(s) _____ Other _____
Names and breeds of pets you no longer own _____

What happened to those pets? Check all that apply:
 LOST STOLEN GIVEN AWAY GIVEN TO SHELTER SOLD DIED

If pets died, please list date, age and cause of death _____
If given away, please explain circumstances and indicate name and address of current owner: _____

Are (were) all of your pets spayed or neutered? YES or NO
If no, please explain: _____

Are (were) all of your pets receiving monthly heartworm preventive and flea/tick treatment? YES or NO
If no, please explain: _____

How often do your pets see the veterinarian? _____
Names/phone numbers/locations of ALL past and present vet clinics used _____

Under what FIRST AND LAST NAME is the pet listed? _____

HOME INFORMATION

of adults in home _____ What are the hours of work for the adults? _____

Ages of adults and relationship to applicant _____

of children in home _____ Ages of children and relationship to applicant _____

If no children reside in home, do any visit frequently? YES NO

If yes, please list age(s) and relationship to applicant _____

If applicable, what exposure have the children listed above had to pets? _____

Has anyone in the home experienced allergies to animals? YES NO

Are all members of the household on board with adopting a new pet? YES NO

If adopting a dog, are any members of the household afraid of dogs? YES NO

Do other dogs/cats visit your home often? YES NO

If yes, what kind and are they friendly with other dogs/cats? _____

Do you: OWN RENT SHARE A DWELLING LIVE WITH PARENTS OTHER _____

Landlord Name: _____ Phone _____

Home type: HOUSE CONDO APARTMENT TRAILER OTHER _____

How long at this address? _____ Do you agree to a house visit by LPIA prior to adoption? YES NO

Do you plan to move within the next year? YES NO

If you move, what will you do with the pet? _____

Do you have any of the following means of dog restraint? Check all that apply:

FENCED YARD DOG HOUSE DOG CABLE/CHAIN/OTHER TETHER DOG RUN

INVISIBLE/UNDERGROUND FENCE SYSTEM DOG/CAT DOOR OTHER _____

If fenced yard, how tall is the fence? _____ What type of fencing? _____

How do you plan to exercise/toilet the dog? _____

Describe where your current pets live: _____

Where will your adopted pet spend most of the day? INDOORS OUTDOORS

If indoors: BASEMENT/GARAGE FREE RUN CRATE LIMITED AREA OF HOUSE

Where will your adopted pet be kept when nobody is home? INDOORS OUTDOORS

Where will your adopted pet sleep at night? INDOORS OUTDOORS

If inside: BASEMENT/GARAGE FREE RUN CRATED

How many hours will your adopted pet be left alone each day? _____

Who will be responsible for feeding, cleaning up after and exercising the pet? _____

Who will be responsible for veterinary bills? _____

Have you ever housebroken a dog before? YES No Taken an obedience class? YES NO

Would you be willing to attend an obedience class with your new dog? YES NO

Are you interested in: HOUSE PET OUTSIDE PET GUARD DOG BREEDING GIFT
 WATCH DOG FOR BUSINESS

If a gift, for whom is the adopted pet a gift? _____

Why do you want to adopt a pet? _____

If you have never owned a pet, please explain your experience with animals: _____

Why do you feel this particular pet is right for you? _____

What pet behavior is unacceptable to you? _____

What would make you a good pet owner: _____

What do you feel are acceptable reasons for giving a pet away or surrendering to an animal shelter: _____

What type of care/upkeep to you plan to give your pet on a monthly basis? _____

If your pet has a medical emergency that costs hundreds of dollars or more to treat, how would you cover the cost? _____

Approximately how much do you expect to spend annually on medical care for a healthy pet and what does that cost include? _____

Please describe what you know or assume about the special needs of rescue pets _____

I, THE UNDERSIGNED, HEREBY AUTHORIZE LPIA TO VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND PERMIT THE RELEASE OF VETERINARY HISTORY.

Sign here _____ Date _____

How did you hear about us? _____

Please be advised: The LPIA adoption process may take several days.
Applying for a pet does not guarantee approval or adoption or place a hold on an animal.
Decisions are made in the best interest of the dog and people involved.