



Loving Pet Project NC

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### PET ADOPTION APPLICATION

Please fill out ALL THREE PAGES completely, save and email.

**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 LPPNC 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 LPPNC 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.