



## **Lillian Veterinary Hospital**

33940 Hwy 98, PO Box 688

Lillian, AL 36549

251-962-2304

### **Pet Adoption Application**

In order to be considered as an adopter you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord
- Be able and willing to provide a loving, safe and peaceful environment for this pet
- Be financially stable and willing to provide any necessary medical care.
- Have a positive veterinary reference.

Pet ownership is a serious responsibility. Our policy is to ensure that each person who adopts a pet is aware of the responsibility, and is capable and willing to accept that responsibility morally, physically and financially. The following questionnaire has been designed to aid both you and us at Lillian Veterinary Hospital in deciding if you and/or your family are adequately prepared to assume the responsibility of pet ownership.

Please be sure to ANSWER ALL QUESTIONS and feel free to add your own comments. If a question does not apply write N/A.

### **Applicant Information**

Name: \_\_\_\_\_

Applicant's DOB: \_\_\_\_\_ DL # \_\_\_\_\_ State \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Applicant's Occupation: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Do you \_\_\_\_ own \_\_\_\_ rent \_\_\_\_ other

If other, please explain: \_\_\_\_\_

If renting, please provide landlord name and phone number so that we can confirm pets are allowed: \_\_\_\_\_



Current or previous veterinarian and clinic name: \_\_\_\_\_

Veterinarian's phone number: \_\_\_\_\_

Please provide two personal references:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Is there anything else you would like to tell us that you think would be important when considering your application? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By initialing these items below, you agree to the terms listed:

\_\_\_\_\_ If you adopt one of our pets, you agree NEVER to rehome the pet, and to return him/her to Lillian Veterinary Hospital if for any reason you are unable to keep the pet.

\_\_\_\_\_ If you adopt one of our pets, you agree to keep the pet indoors.

\_\_\_\_\_ If you adopt one of our pets, you agree to give Lillian Veterinary Hospital complete access to the adopted pet's records with the veterinarian responsible for the care of the pet.

\_\_\_\_\_ If adopting an unaltered pet, the adopter agrees to have the pet spayed/neutered by 6 months of age. Failure to do so will result in forfeiture of the pet.

\_\_\_\_\_ If adopting one of our pets, you agree to provide any and all medical treatments and preventions recommended by the veterinarian for the life of the pet. If you are unable to do so, you will return the pet to Lillian Veterinary Hospital.

Please read and sign below:

Many factors determine which applicant will be matched with a particular pet. If you are not able to adopt a pet today, it does not mean that you are not considered a good pet owner or that your home is not acceptable. Our goal is to place all animals into homes that will best suit their individual needs. Please ask for clarification if you have any questions.

I have completed this application truthfully and fully understand the adoption process and requirements.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_