

# **THE PET DOCTOR TO THE RESCUE!!! - PRE-ADOPTION FORM**

Please print, complete, and mail this form to: The Pet Doctor 3046 Winghaven Blvd O'Fallon, MO 63368.  
Or save this document with your changes and e-mail it to: thepetdoctorinc@gmail.com

Application for (Name of Pet) \_\_\_\_\_

Name \_\_\_\_\_ Address; \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ E-Mail (optional) \_\_\_\_\_

## **A. ABOUT YOU**

1. Do you own or rent your home? Do you live with someone else who is the homeowner (ie: parent, friend or other family member) \_\_\_\_\_

Type of dwelling: Apartment \_\_\_\_\_ Townhouse \_\_\_\_\_ Multiple Family Home \_\_\_\_\_ Single Family \_\_\_\_\_

Are you permitted to have a pet? \_\_\_\_\_ Explain \_\_\_\_\_

2. How long have you been at this address? \_\_\_\_\_ If less than 2 years, previous address \_\_\_\_\_

3. Do you expect to move in the near future (within the next six months to a year?) \_\_\_\_\_ Explain \_\_\_\_\_

4. Occupation \_\_\_\_\_ Work hours/days? \_\_\_\_\_

Employer (please provide complete address and telephone number) \_\_\_\_\_

Personal references (Name two with their telephone numbers)

## **B. OTHER HOUSEHOLD MEMBERS**

1. Spouse/Housemate (name/relationship) \_\_\_\_\_

2. Occupation \_\_\_\_\_

Employer \_\_\_\_\_

3. Any children in the home? \_\_\_\_\_ Sex/Age(s) \_\_\_\_\_

4. Others in household and relationship \_\_\_\_\_

5. Is everyone in agreement on a pet? \_\_\_\_\_ If not, explain: \_\_\_\_\_

7. Who will be primarily responsible for this pet? \_\_\_\_\_

8. Is there anyone in the house with allergies? \_\_\_\_\_ Type? \_\_\_\_\_ Has a doctor been consulted regarding pet? \_\_\_\_\_

## **C. TYPE OF PET YOU ARE LOOKING FOR**

1. Activity Level? Calm/Placid \_\_\_\_\_ Moderate \_\_\_\_\_ Somewhat Active \_\_\_\_\_ Very Active \_\_\_\_\_ No Preference \_\_\_\_\_

2. Other considerations? (List) \_\_\_\_\_

3. Why do you want a pet? House pet/Companion \_\_\_\_\_ Watchdog \_\_\_\_\_ Mouser(cat) \_\_\_\_\_ Breeding \_\_\_\_\_  
Outside Pet \_\_\_\_\_ Hunting \_\_\_\_\_ Pet for Business \_\_\_\_\_ Gift \_\_\_\_\_ If so, for whom? \_\_\_\_\_

4. Where will the pet spend most of his/her time? During the day? \_\_\_\_\_ At night? \_\_\_\_\_

How many hours will your pet be left alone during the day? \_\_\_\_\_

5. Are you willing to take a dog through obedience training? \_\_\_\_\_

6. Do you have a yard? \_\_\_\_\_ Size? \_\_\_\_\_ Fenced? \_\_\_\_\_ Describe: \_\_\_\_\_

If no yard, or if yard is not fenced, how will dog be exercised? \_\_\_\_\_

7. Will cat be indoors? \_\_\_\_\_ Outdoors? \_\_\_\_\_ Both? \_\_\_\_\_ Explain: \_\_\_\_\_

8. What will happen when you move? \_\_\_\_\_

9. What will happen if you are no longer able to care for your pet(s)? \_\_\_\_\_

#### **D. OTHER PETS**

1. Do you have any pets now? \_\_\_\_\_ Please list type/age/sex \_\_\_\_\_

2. Are your cats and/or dogs spayed/neutered? \_\_\_\_\_ Vaccinated? \_\_\_\_\_ Dogs taking heartworm pills? \_\_\_\_\_

What kind of heartworm preventative is your dog currently taking? \_\_\_\_\_

3. Have you had pets before? \_\_\_\_\_ What happened to your pets? (explain) \_\_\_\_\_

4. Were previously owned pets spayed/neutered? \_\_\_\_\_ Vaccinated? \_\_\_\_\_

5. Name, address and phone number of Veterinarian \_\_\_\_\_

6. Most recent visit and why? \_\_\_\_\_

7. Do you discipline your pet(s) \_\_\_\_\_ How? \_\_\_\_\_

8. How do you plan to housebreak your pet(s)? \_\_\_\_\_

9. Have you considered costs involved and are you financially able to provide regular medical care and maintenance for your pet (spay/neuter, annual vaccinations, monthly heartworm for dogs, grooming, licensing, etc.?) or in case of illness or injury? \_\_\_\_\_

10. Have you ever adopted a pet from us before? \_\_\_\_\_ If so, when? \_\_\_\_\_

11. Have you ever turned in pets to a local humane society? \_\_\_\_\_ Yours? \_\_\_\_\_ Stray? \_\_\_\_\_ Other? \_\_\_\_\_ When? \_\_\_\_\_  
Explain: \_\_\_\_\_

12. Number of pets you have had in the past five years? \_\_\_\_\_  
Disposition of pets: Given away? \_\_\_\_\_ Sold? \_\_\_\_\_ Other? \_\_\_\_\_

**E. AGREEMENT AND ACCEPTANCE:** I swear that to the best of my knowledge the above information is true and complete.

I agree my pet will not be left to live outside. I will provide proper medical care, including spay/neuter by the date specified, and adequate food and water at all times. I will never mentally or physically abuse my pet. A dog will be walked on a leash at all times. A cat will be an indoor cat.

**I understand if for any reason I cannot keep this pet, the pet MUST be returned to The Pet Doctor to the RESCUE! only. There is no exception to this. If there is someone else who may be interested in this pet, that person will be required to contact The Pet Doctor to the RESCUE! and be interviewed prior to placement with said person.**

***In signing this pre-adoption application I understand and accept the stipulations stated in Section E. I understand that The Pet Doctor to the RESCUE! reserves the right to refuse any adoption at its own discretion.***

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_