

Tysor Veterinary Clinic
1401 N. Second Ave.
Siler City, NC 27344
(919) 663-0115
FAX: (919) 742-1141

ADOPTION APPLICATION

APPLICATION DATE: _____

Animal interested in: _____

YOUR Name: _____

Address: _____

CITY, STATE, ZIP _____

Home/Cell Numbers: _____

Work Number: _____

Email Address: _____

Information About Your Household/Current Residence

How many people live at your residence? ____Adults ____Children

Ages of household members under 21: _____

Does everyone in your household agree to adding a pet? _____

Does anyone in your household have allergies? _____

Residence type: House Apt Duplex Farm / Other

How long have you lived at your current address? _____

Do you own or rent? _____ If you rent, is it all right with your landlord to have a pet? _____

Landlord's name and phone number: _____

Do you have a fenced in yard? _____ If yes, what type and height _____

Information About Current/Past Pets and Your Experience With Pets

How many animals do you currently have? _____

What are they? _____

Are your current pets either spayed or neutered? _____

Who is your current vet? _____

Can we call there for a reference? _____

We do require all of your pets have current vaccines. We also require that your cat(s) have been felv/fiv tested. If your pets are not current on vaccines and/or blood work, they must be brought up to date prior to adopting a pet.

Are your current pets inside, outside, or both? _____

What other animals have you owned? _____

What happened to these animals? _____

Who was your vet for your previous animals? _____

Have you ever had to relinquish an animal? If yes why? _____

Have you ever been accused or convicted of a crime against animals? If yes what happened? _____

Describe a typical day for your newly adopted pet, where will your pet sleep, how long are you gone each day and where will your newly adopted pet stay while you are gone, where will your pet sleep, etc:

With regard to pets, do you consider yourself: ____very experienced ____ somewhat experienced
____novice pet owner Or _____ I'm a first time pet owner.

Please list a personal reference: Name _____

Phone Number: _____

I agree that when I adopt a pet from Tysor Veterinary Clinic, they will become an inside family member of my household.

I have considered the responsibility of taking in a new pet and to the best of my knowledge the answers to the above questions are true and correct.

Signature: _____(PRINTED NAME)_____ Date: _____