

## **Pre-Adoption Form for Bethany City Pound**

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

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

Do you live in a house or apartment? \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ (if you rent we need written permission from you landlord)

Will you provide a fenced in yard? \_\_\_\_\_

If not how will you keep the pet safe when outside? \_\_\_\_\_

Do you have children in home? \_\_\_\_\_

If so what are their ages? \_\_\_\_\_

Do you have any other pets? \_\_\_\_\_

If so what kind? \_\_\_\_\_

### **2 Personal Refences**

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

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

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

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

### **Vet Reference**

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

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

Phone Number: \_\_\_\_\_

**By signing below you agree to get this animals vaccinations updated at time of adoption and to vet within 30 days for spay/neuter (or when old enough).**

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