

Bit & Spur Animal Hospital's



Adoption Application

Name: _____ Date: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Email Address: _____

Are you 23 years of age or older?

Do you live within 30 miles of the city limits?

Have you adopted from The Guardian before?

Which pet are you interested in?

Why do you want a pet?

Are you aware of heartworm disease in dogs and cats?

Are you aware of the different types of vaccinations and why they are given?

Do you live in a house or an apartment? If an apartment, are you required to pay a pet deposit?

Do you have a fenced in yard? If yes, how tall and what type?

Do you have any pets? If yes, who is your veterinarian?

Do you have children? If yes, how many and what are their ages?

List 3 references, including address & phone numbers.

- 1.
- 2.
- 3.

How did you hear about us?

Bit & Spur Animal Hospital's The Guardian reserves the right to refuse adoption if in our opinion the best interest of the pet will not be served. Please read and consider the conditions of the adoption noted below. Your signature and submission of this application indicates your agreement with these terms and conditions and that you have provided accurate information to the application questions.

I agree to furnish my pet with adequate food, water, and shelter. I agree to provide me pet with annual vaccinations, heartworm preventative medication, flea/tick protection, and any other necessary treatment for injury or illness. If this application is for a canine, I agree to keep the pet inside or in a fenced in yard. If this application is for a feline, I agree to keep the pet inside. I agree to never abandon this pet or to surrender it to a city or county shelter. If, for any reason, I can no longer care for this pet, I will contact Bit and Spur Animal Hospital's The Guardian. I understand that my adoption fee/donation is non-refundable. I understand the pet adopted needs to return to Bit and Spur Animal Hospital 30 days after his/her 6 month birthday in order to receive a spay/neutered at no cost.

Signature: _____ Date: _____

Office use only

- | | |
|--------------------------------------|-------|
| 1. | Date: |
| 2. | Date: |
| 3. | Date: |
| 4. Pet picked up on: _____, 20_____. | |
| 5. Pet picked up by: _____ | |

Signature

Print Name

(Pet must be picked up by the applicant)