



# Adoption Application

## Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_ Home phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Spouse or Roommate \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## Family/Household Information

Number of adults in household \_\_\_\_\_ Have all the adults in the household agreed to this adoption?  Yes  No

Is anyone in the household allergic to pets?  Yes  No

Number of children in household \_\_\_\_\_ Do you have an adequately fenced yard?  Yes  No

Why would you like to adopt an animal from us? (Check all that apply)

- Companion for self       Gift       Companion for another pet       Hunting Dog  
 Companion for child       Watch Dog       Companion for other household member       Other \_\_\_\_\_

Do you:

own your home

rent your home \*

Do you live in a:

house

apt./condo complex name \_\_\_\_\_

other \_\_\_\_\_

\* **Renters:** Landlord/Property Management name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Have you paid a pet deposit?  Yes  No

## Pet Information **Do you currently have any pets?**

Breed \_\_\_\_\_ M/F \_\_\_\_\_ Sterilized \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_

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Breed \_\_\_\_\_ M/F \_\_\_\_\_ Sterilized \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_

## Veterinarian Information

Veterinarian's Name \_\_\_\_\_ Veterinary Hospital \_\_\_\_\_

Are you able to afford a bill of \$200 to \$500 (or more) for emergency veterinary care? \_\_\_\_\_

**New Pet Information**

Are you committed to providing a responsible home for your pet's entire life (15+years)? \_\_\_\_\_

How long have you been looking for a pet? \_ \_\_\_\_\_

Who will care for your pet when you go on vacation or have an emergency? \_\_\_\_\_

Where will your pet be kept during the day? \_\_\_\_\_

Where will your pet be kept at night? \_\_\_\_\_

Are you planning to train your pet yourself or go to a trainer? \_\_\_\_\_

How much time are you prepared to allow for your new pet to adjust to your home? \_\_\_\_\_

Are you prepared to handle behavior issues such as Chewing, Digging, Barking, Begging, Marking, Aggression and Separation Anxiety should they arise?  Yes  No

May we contact you in a few months to see how things are going with your new pet(s) and get feedback on your adoption?  Yes  No

**By signing below, I hereby submit that the information provided by me is true. Any false information may result in my losing the privilege to adopt a pet. I understand that Tulsa Animal Welfare has the right to deny my request to adopt an animal, and that this application must be completed and approved by Tulsa Animal Welfare, before an animal adoption may be considered.**

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

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**For Office Use Only**

**Driver's License or ID number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Approved Adoption:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If no, what is the reason?:** \_\_\_\_\_