

Adoption Application

Applicant Information

Last Name:			First Name:				
Address:							
City/State/Zip:			Home Phone:				
Work Phone:			Cell Phone:				
Email address:							
Spouse or roommate:			Phone:				
Family/Household Information							
Number of adults in household:							
Number of children in household:							
Have all the adults in the household	d agreed t	Yes:	No:				
Is anyone in the household allergic	to pets?	Yes:	No:				
Why would you like to adopt an an	imal from	us?					
Companion for self Companion for another pet Hunting Dog							
Companion for child Wa	atch dog	Companio	n for other housel	nold member			
Other							
Do you live in a:							
House Apt./Condo Con	nplex nan	ne:					
If you rent, have you paid a pet dep	osit?	_YesNo					
Pet Information							
Do you currently have any pets?	Yes	No					
Breed	M/F	Age	eName				
Breed							
Breed	M/F	Age	eName				
Breed							
Breed	M/F	Age	eName				
Veterinarian Information							
Name:							
Veterinary Hospital:							
I currently do not have a veterinari							
Are you able to afford a bill of \$200	to \$500 (or more) for em	ergency veterinary	/ care?			

New Pet Information

Are you committed to providing a responsible home for your pet's entire life (15+ years)?
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 use a trainer?
How much time are you prepared to allow for your new pet to adjust to your home?
May we contact you in a few months to see how things are going with your new $pet(s)$ and to 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: _____

FOR OFFICE USE ONLY

Driver's License or ID Number :	State:	Exp. Date:	
DOB:			
Approved Adoption:YesNo			
If no, please state reason for denial of adoption:			
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