

Creatures Great and Small

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ANIMAL ADOPTION APPLICATION

Name of Pet Applying For: _____ Date: _____

Completion of this application does not guarantee adoption of a Creatures Great and Small animal.

Name of applicant _____ Occupation _____

Name of Spouse/Significant Other _____ Occupation _____

Names (and ages) of children, if any _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Do you live in: House _____ Apartment _____ Condominium _____ Town House _____ Other _____

Landlord's Name and Phone Number _____

Do you Own _____ Rent _____ If you rent, do you have your landlord's permission to have a pet? Yes _____ No _____

How much of the time will the dog be outdoors? _____ How much of the time will the dog be indoors? _____

About what percent of the time will the dog be left alone? _____ Where will it be when left alone? _____

What area(s) of the house will the dog be allowed into? _____

Where will the dog sleep at night? _____

Do you have a fenced yard? Yes _____ No _____ If so, how high is the fence? _____

Type of fence? _____ Are the gates normally locked? _____

Do you have a pool? Yes _____ No _____ If so, is it fenced separately from the yard? Yes _____ No _____

Why do you want a dog? (Check all that apply)

- | | |
|----------------------------------|-------------------------------|
| _____ House pet | _____ Companion for family |
| _____ Companion for other pet | _____ Companion for children |
| _____ Protection for home/family | _____ Protection for business |
| _____ Watchdog | _____ As a gift |

Other (specify) _____

Other pets (specify number of each): Dogs _____ Cats _____ Other _____

If you have any dogs or cats, are they spayed/neutered? Yes _____ No _____

What pets have you had in the past? _____

What happened to the ones you no longer have? _____

What would happen to the dog if you moved

Locally? _____

Out of state? _____

Out of the country? _____

Do you have a regular veterinarian? Yes _____ No _____ If so, vet's name _____

Name of Clinic _____ Address _____

Does anyone in your household have allergies: Yes _____ No _____ What kind? _____

How would you train this dog? (Check all that apply)

_____ Obedience school _____ Hit with newspaper _____ Firm verbal commands _____ Clicker/hand signals

Other (specify) _____

Will you be able to live with hair on your furniture, stains on your rugs, a warm body on your bed, and an animal that might be destructive at times? Yes _____ No _____

Remember, pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, proper shelter and exercise for your new pet? Yes _____ No _____

Are you able to make a long term commitment to care for your pet for its entire life span, which could be as much as 10-20 years? Yes _____ No _____

Under what circumstances would you not be able to keep this dog? _____

References (Name, Phone Number, Relation to Reference):

1. _____

2. _____

3. _____

Signature _____ Date _____

Creatures Great and Small reserves the right to refuse adoption to any Client for any reason. This questionnaire becomes part of our contract.