



**ADOPTION APPLICATION**

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

Name of Pet you are interested in: \_\_\_\_\_ Animal ID #: \_\_\_\_\_ Type of Pet: DOG / CAT

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Ph: \_\_\_\_\_

Address (Street, City, St, Zip): \_\_\_\_\_

Description of Pet (Breed, Coloring): \_\_\_\_\_

Do you plan to keep your new pet inside, outside or both? \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ How long have you lived at this address? Y \_\_\_\_\_ M \_\_\_\_\_

If you rent please provide landlord's name and ph#: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there a limit as to how many pets you can have where you live? Is so, what is it? \_\_\_\_\_

Is there a weight limit to the pets allowed? If so, what is it? \_\_\_\_\_

Are there any breed restrictions where you live? If so, what are they? \_\_\_\_\_

List all pets you currently have:

	Pet 1	Pet 2	Pet 3	Pet 4
Name				
Species				
Age				
Sex				
Spayed / Neutered?				
(Dog) Kept current on monthly Heartworm Prevention?				
Current on Vaccinations?				
Microchipped?				
Kept current on monthly Flea Prevention?				
(Cat) Is it declawed?				

If you have any cats or dog in your home that are not spayed or neutered, would you be willing to get them done? (We can provide low cost options)  Yes  No  N/A

List all members of your household and their ages: \_\_\_\_\_

Name and phone of current Vet practice: \_\_\_\_\_

If you don't currently have a Vet, have you picked one out yet? If so, which one? \_\_\_\_\_

When was your last vet visit and for what reason? \_\_\_\_\_

Will you allow an OPA representative to visit your home:  Yes  No

Are you willing to take responsibility for this pet for the rest of its life?  Yes  No

Are you willing to spend the necessary money for vet bills that may be incurred to keep your pet healthy, knowing in advance that the average yearly cost of having a pet is approximately \$700 - \$1,000?  Yes  No

Who will be the primary caretaker for the pet (feeding, attention, training, exercise)? \_\_\_\_\_

Where will the pet sleep? \_\_\_\_\_

How many hours a day on average will your pet be left alone? \_\_\_\_\_

Where will the pet stay while you are away? \_\_\_\_\_

Have you ever sold, given away or surrendered a pet to a shelter or another individual? If yes, please explain:  Yes  No

What will happen to this pet if you move? \_\_\_\_\_

What will happen to this pet if you can no longer care for it? \_\_\_\_\_

**Question specific to CATS:** Are you planning to declaw your cat or kitten?  Yes  No  N/A

**Questions specific to DOGS:**

Are you familiar with using a crate to housetrain and provide a safe place for your pet to stay when you are away?  Yes  No

If not, are you willing to learn and use this technique?  Yes  No  N/A

Is your yard fenced?  Yes  No If yes, describe type of fence and approx. height: \_\_\_\_\_

Dogs need daily exercise! Please explain what kind of exercise you plan to provide: \_\_\_\_\_

Will you consider obedience training classes or seek the help of OPA members to help you learn proven methods of dog training, if needed?  Yes  No

**I attest the information provided on this application is true and accurate to the best of my knowledge. I hereby permit Operations Pets Alive! (OPA) to contact my Veterinarian. If for any reason I am unable to keep an adopted pet from OPA for its entire life, I will contact OPA and make arrangements to return the pet. Further, I agree to not sell, give away or dispose of the pet in any other manner (except euthanasia for medical reasons at the advice of a licensed vet) without prior consent of OPA.**  Accept  Do Not Accept

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Email [adopt@operationpetsalive.org](mailto:adopt@operationpetsalive.org) with any questions concerning our adoption process.