



Allison Arnoult, DVM • Todd Worrell, DVM • Autumn Dunivan, DVM
5307 Highway 70 West • Morehead City, NC 28557
(252) 240-3885 phone • (252) 240-3540 fax • www.petdocks.com

PET ADOPTION APPLICATION

Adopter Information:

Name _____
Address _____
Phone # _____
E-mail _____
Employer _____
Work Address _____
Work Phone # _____

Questionnaire:

Why do you want to adopt this pet?

Is everyone in your household in agreement on adopting this pet? Yes No

Do you rent or own your home? Rent Own

Do you live in a residence in which pets are allowed? Yes No

Are you willing to provide a permanent home for this pet (up to 15 - 20 years)? Yes No

Have you had pets in the past? Yes No

If yes, what types?

Do you still own them? Yes No

If no, please explain:

Have you ever adopted a pet from PetDocks Veterinary Hospital or any other rescue organization? Yes No

If yes, do you still have that pet? Yes No

If you do not still have that pet, please explain:

Are your current pets spayed/neutered? Yes No

Are your pets current on vaccinations and heartworm prevention? Yes No

How long will your pet be left alone each day?

Where will they stay when you are not home?

Do children under the age of 18 live in your home? Yes No

If yes, what ages?

Veterinary Reference:

Name _____ Phone _____

How long have you used this vet? _____

May we contact them regarding other pets and their vaccination records? Yes No

I hereby acknowledge receiving from PetDocks Veterinary Hospital a:

1) Canine Feline Other _____

2) Name _____ Age _____ (as determined by veterinary practice)

3) Breed _____ Color _____ Microchip # (if applicable) _____

4) Male Female Male-neutered Female-spayed

5) Vaccination History: _____

6) Worming History: _____

I agree: (Please initial after reading each statement)

1. To provide proper and adequate food, water, housing, exercise, grooming, and humane treatment at all times. _____
2. To provide veterinary care in the form of annual vaccinations, preventive heartworm medications as appropriate, and such veterinary medical care as is necessary to prevent and/or treat accidents and illnesses. _____
3. To obey local licensing and animal confinement laws. _____
4. Not to sell, give away or abandon the animal if I no longer desire it but, instead, to return it to PetDocks Veterinary Hospital. _____

5. Not to sell, give away or use this animal for experimental purposes, allow it to engage in dog fighting or pursue any guard dog or attack dog training with it. -----
6. If it is determined this pet has not been spayed or neutered, to have it spayed or neutered before it reaches six months of age if it is not an adult, or within two months if it is an adult at the time of adoption. -----

I acknowledge that: (Please initial after reading each statement)

1. I have been informed that all animals can from time to time carry and transmit diseases some of which affect people, including bacteria, viruses, parasites, and ringworm and that these diseases may be undetectable in what appears to be a healthy animal at the time of adoption. -----
2. I am aware that pets may exhibit normal but potentially undesirable behaviors including, but not limited to, aggression, house soiling, biting, scratching (people, furniture, and woodwork), barking, digging, mounting people's legs, urine marking (dogs), urine spraying (cats) and that these normal behavior patters may be difficult to manage. No one at PetDocks Veterinary Hospital has told me that this pet will **not** engage in any of these behavior patterns. -----
3. PetDocks Veterinary Hospital is in no way responsible for any damage which the animal may inflict on another person, my property or the property of another and no attempt will be made by me to hold the above clinic responsible. -----
4. I am aware that it usually costs between \$250.00 and \$750.00 per year to feed, house, train and provide veterinary care for a pet and that I am financially able to meet these expenses for my adoptive pet. -----
5. I accept the animal as it is at the time of adoption and understand that PetDocks Veterinary Hospital is not responsible for any medical conditions not readily detected prior to or at the time of this adoption or discovered after such adoption. -----
6. I acknowledge that I have read this agreement and hereby release PetDocks Veterinary Hospital from any present or future liability associated with my adoption of this animal. -----
7. I will not turn this pet over to a person who has been refused an adoption. -----

I understand that by signing this, I guarantee that all of the above statements are true. I also understand that PetDocks Veterinary Hospital reserves the right to approve or deny any adoption based on the above information you have provided us or to answers given in a verbal interview. I certify that I am over the age of 18 years old and am ready to make this commitment to provide for the pet's needs for the rest of its life.

I understand that there is a \$25.00 adoption fee that goes towards the PetDocks Veterinary Hospital adoption program fund. This money goes towards helping us reach our goal of helping as many animals as possible. This fee is due at the time of adoption.

Signature of Adopter

Date

Signature of Witness

Date