



Parsons Pet Hospital – 5021 Main Street – Parsons, Kansas 673567
Phone: 620/421-1566 **Fax: 620/421-1490**
Email: parsonspet@gmail.com **Hours: M-F 8-5, Sat 8-12**

Pet Adoption Application

NOTE: Your application may be delayed until information can be verified. PLEASE WRITE LEGIBLY.

CONTACT INFORMATION

Applicant's Name: _____ Significant Other: _____
Phone: _____ Cell / Home / Work (circle one)
Email address: _____

Has anyone in household ever been convicted of domestic battery, animal cruelty, or a violent crime? Yes / No

If yes, explain: _____

HOUSING

Own Rent Live with relatives/friends
 House Apartment Condo

Residence Address: _____

How long at this address? _____

If less than 2 years, provide last address:

of adults in household: _____ # of children in household: _____ Ages: _____

Where will this pet spend most of their time? Indoors / Outdoors

When outside, where will the pet be? (check all that apply)

On a leash Tied on a rope/chain Loose in fenced yard
 Dog run Dog house Secured on porch
 Let out the front door to do their business and come home when done

AVAILABILITY

How often do you travel? _____

How will you provide for your pet when you travel? _____

How many hours during the day will your pet be home alone? _____



Where will your pet be when:

- You are home: _____
- You are at work: _____
- You are sleeping: _____

How many hours per day will your pet be outside? _____

Please tell us about other pets you've had:

Type (Dog/Cat)	Breed/Size	Gender	Age	Spayed or Neutered?	Still Own?	Where is pet now?

Where do your current pets spend most of their time? Indoors / Outdoors (circle one)

Have you ever had a pet (check all that apply):

- | | | |
|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Lost | <input type="checkbox"/> Hit by car | <input type="checkbox"/> Given back to shelter |
| <input type="checkbox"/> Stolen | <input type="checkbox"/> Euthanized | <input type="checkbox"/> Picked up by Animal Control |

Please explain: _____

Have you ever adopted from a shelter or rescue? Yes / No (circle one)

If Yes, please provide their name and contact information:

PET OWNERSHIP

Which of the following dog behaviors/characteristics present a problem for you? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Jumping on furniture/counters | <input type="checkbox"/> Jumping an (indoor) fence | <input type="checkbox"/> Jumping on people |
| <input type="checkbox"/> Chewing on shoes/furniture | <input type="checkbox"/> Playful nipping | <input type="checkbox"/> Barking/howling |
| <input type="checkbox"/> Guarding | <input type="checkbox"/> Digging | <input type="checkbox"/> Shedding |

How will you resolve this problem? _____

Interested in adopting: _____

PPH Representative: _____



Why do you want to adopt a pet? (check all that apply)

- Companion for me
- For a child
- Companion for another pet
- Family Pet
- Watchdog
- Gift or surprise
- Other – Explain: _____

What characteristics are most important to you when considering which pet you'll adopt?

(check all that apply)

- Good with large dogs
- Good with cats
- Good with small dogs
- Housebroken
- Breed: _____
- Female
- Male
- Friendly/well-socialized
- Obedience trained
- Size: _____
- Long hair
- Short hair
- Non-shedding
- Age range: _____
- Type: _____

I would consider providing a home for an animal that is:

- Shy/timid
- Handicapped
- Not housebroken yet
- High energy
- Not trained
- Quiet couch potato
- Special needs
- Senior

REFERENCES

PLEASE PROVIDE AT LEAST 3 PERSONAL REFERENCES WHO ARE FAMILIAR WITH YOUR FAMILY AND/OR PETS:

	Name	Phone Number	Relationship
Relative	_____	_____	_____
Friend	_____	_____	_____
Neighbor	_____	_____	_____
Other*	_____	_____	_____

(*Examples: pet sitter, doggy daycare, groomer, etc.)

Current Veterinarian: _____

Name(s) of pets seen by this veterinarian: _____

Former Veterinarian: _____

Name(s) of pets seen by this veterinarian: _____

By signing below, you certify that the information provided on this application is true and correct and you realize that any misrepresentation of information will likely result in a complete loss of adoption privileges from Parsons Pet Hospital now and in the future. You are also giving us consent to verify the information you have provided and visit the home where the animal will be living.

Applicant's Signature

Printed Name

Date

Interested in adopting: _____

PPH Representative: _____