

Pet Adoption Application

Cloverleaf Animal Clinic
749 N White Station Rd
Memphis, TN 38122
(901) 682-5681

Procedure: * Completely fill out & sign application. * You will hear back within 7 days, or please assume your application was not selected. * For applications selected, a vet-check will be done, then a home visit made. * If the adoption is approved, an adoption contract will be completed, donation accepted, and then you take your new friend home.

Today's Date: _____ Applying to Foster Adopt
Name of Pet(s) Applying for _____ Breed/Type _____
Please print identification information clearly, especially email address:
Applicant(s) Name: _____
Address _____
City _____ State _____ Zip _____
Place of Employment _____ Since (mo/yr) _____
E-mail _____ Home Phone(____) _____ Work Phone(____) _____

1. Why do you want to adopt a pet? _____
2. What do you think are the most important responsibilities in owning a pet? _____

3. Please list any preferences (age, sex, breed, personality) _____
4. Have you submitted an application with another organization for a pet at this time? yes no
5. Have you ever had an application declined for adoption of an animal from an animal welfare group/animal control facility? yes no Explain: _____
6. Are you willing to take the time to housebreak a pet, and do you understand that changing a pet's environment may cause the pet to have accidents? yes no
7. If a behavioral problem arises, what steps will you take to work on it? _____

8. If you are applying for a pet who is not housetrained, how will you housetrain the pet: _____

9. Does any member of the family have any allergies to animals? yes no
Explain _____
10. Describe the kinds of personal situations where you might have to return your adopted pet, i.e., job loss, children, move, marital change, etc. _____
11. For whom are you adopting the pet? self gift other family member
12. How many people live in your home? _____

13. Are there any children in the household? ___yes ___no
If yes, what are their ages? _____
14. Who will be responsible for feeding and taking the pet outside/cleaning litterbox? _____
15. Who will take care of the pet in the absence of the primary caretaker? _____
16. What reading and other/or steps have you taken to prepare for a new pet? _____
17. Will you take obedience training? _____
18. Will you be willing to obtain an appropriately sized, open-wire crate, if recommended? ___yes ___no
19. What kinds of animals have you owned? _____

20. Describe those pets you currently own:

If you have more animals than space provided, please use an additional sheet of paper and attach to this form.

a. Name _____ Type _____ Age _____ Sex _____
Is the pet Spayed or Neutered? ___yes ___no
Primarily Indoor or Outdoor? Explain: _____
What year did you get the animal? _____
How did you acquire the animal? _____
Comments: _____

b. Name _____ Type _____ Age _____ Sex _____
Is the pet Spayed or Neutered? ___yes ___no
Primarily Indoor or Outdoor? Explain: _____
What year did you get the animal? _____
How did you acquire the animal? _____
Comments: _____

21. Describe all pets you previously owned in the last 10 years:

If you have had more animals than space provided, please use an additional sheet of paper and attach to this form.

a. Name _____ Type _____ Age _____ Sex _____
Was the pet Spayed or Neutered? ___yes ___no
Primarily Indoor or Outdoor? Explain: _____
What year did you get the animal? _____
How did you acquire the animal? _____
Year deceased (or last year you had pet)? _____
Cause of death, or where pet is now (detail) _____

b. Name _____ Type _____ Age _____ Sex _____
Was the pet Spayed or Neutered? ___yes ___no
Primarily Indoor or Outdoor? Explain: _____

What year did you get the animal? _____
How did you acquire the animal? _____
Year deceased (or last year you had pet)? _____
Cause of death, or where pet is now (detail) _____

22. List each vet/animal hospital where your animal(s) received care over the last 10 years:
If several vets were used, please explain and provide approximate service dates. Please note that application review cannot be completed unless each vet's phone number is provided. If the space provided is insufficient, please use an additional sheet of paper and attach to this form.

Name(s) Phone # with area code (for each) (_____) _____

What owner name(s) are records listed under _____
Date of last vet visit: _____

23. Name of vet you will use for your new pet: _____

24. What kind of veterinary care do you plan to provide? _____

25. Have you considered the extra expenses that will come with having a pet including vet care, food, supplies and equipment, toys, training and boarding? Please explain: _____

26. What type of home do you live in? house townhouse duplex condo apt mobile

27. Do you own or rent your residence? own rent

28. If you rent: Landlord name _____ Landlord phone #(_____) _____

What type/size pets are allowed? _____

If you have rented your current residence for under a year, please provide prior address and prior landlord contact phone number:

Prior address _____

Prior Landlord's name: _____ Landlord phone #: _____

29. Do you have a fenced yard? yes no

Note: Secure, fully fenced yards are typically required for homes with children under age 12. For some dogs, fences of minimum 5 to 6 ft are required.

What type of fence? _____

How tall? (Give range of heights, if relevant) _____

Does the fence belong to you, or to neighbors? _____

Any holes or gaps? yes no

Is the fence attached to the home? yes no

30. If you do not have a fence, do you plan to install a fence? yes no. If yes, when? _____

31. Describe the circumstances in which you would walk/exercise a dog on leash: _____

32. Describe the circumstances in which you would walk/exercise a dog off leash: _____

33. How often will you exercise the pet and for approximately how long? _____

34. How many hours will the pet be left unattended (i.e., workday)? _____
35. When you are home, where will the pet be kept? _____
36. Where will the pet sleep? _____
37. When no one is home (i.e. at work, shopping), where will the pet stay (be specific)? _____

38. Have you used or do you plan to install a pet door? _____
39. How often do you travel? _____
40. What will you do with the pet when you travel? _____
41. If you move, what will you do with the pet? _____
42. Are you or your spouse with the military? ___yes ___no
43. Are you aware CAC requires all dogs/cats in a home be spayed/neutered? ___yes ___no
44. Are you aware of the adoption fee (\$125 nonrefundable donation)? ___yes ___no
45. Are you familiar with your local animal control laws? ___yes ___no
46. Have all adult family members met with and agreed upon the pet? _____

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption takes place, I understand that Cloverleaf Animal Clinic reserves the right to annul the adoption and reclaim the animal. I give CAC permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to a home and yard visit on a mutually agreed date by a CAC volunteer before an adoption decision is made.

In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand it is CAC's prerogative to decide which home is most appropriate and that their decision is final, and therefore I will not argue with the decision. Unless otherwise indicated by CAC, I am free to apply and undergo the application process in the future.

Signature(s) _____ Date _____

Printed Full Name(s) _____