

Millwood Animal Hospital  
Adoption Form

Applicants Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email Address \_\_\_\_\_

Do you own or lease your house/apartment? \_\_\_\_\_

If you lease, do you have permission form landlord to have a pet ? \_\_\_\_\_

Please supply landlords name and phone number \_\_\_\_\_

List all current animal and animals you have had in the last 10 years

<u>Name</u>	<u>Breed</u>	<u>Sex</u>	<u>Spayed or Neutered?</u>	<u>Current on vaccines?</u>	<u>Do you still own? If no, why?</u>

List all veterinarians you have taken your pet to in the past 10 years and the veterinarian you plan on using for this pet

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any children? If yes, please list ages \_\_\_\_\_

Is your yard fenced in? \_\_\_\_\_

Are you willing to provide monthly flea/tick/heartworm medication at your own expense? \_\_\_\_\_

Are you willing to provide yearly vaccines at your own expense? \_\_\_\_\_

Please list 2 personal references \_\_\_\_\_

\_\_\_\_\_

Which pet are you specifically interested in? \_\_\_\_\_