



**Pet Adoption Application**

\_\_\_\_\_ Feline \_\_\_\_\_ Canine Pet Name/Description: \_\_\_\_\_ Date: \_\_\_\_\_

**Adopter Information**

Adopter's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you own or rent: \_\_\_\_\_ If you rent, are pets allowed: \_\_\_\_\_

Fenced yard? \_\_\_\_\_

If you rent, please provide name/phone number for leaseholder:

\_\_\_\_\_

Veterinarian's Name/Phone #: \_\_\_\_\_

**Pet History**

Other pets you currently own: \_\_\_\_\_

Are your other pets: \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ Indoor pets \_\_\_\_\_ Current on vaccines \_\_\_\_\_ Outdoor pets

Please provide a brief history of pets you have owned (names, ages, or how long owned and cause of death):

\_\_\_\_\_  
\_\_\_\_\_

**New Pet Information**

My new pet will be: \_\_\_\_\_ indoor pet \_\_\_\_\_ outdoor pet \_\_\_\_\_ both

My new pet needs to get along with: \_\_\_\_\_ cats \_\_\_\_\_ dogs \_\_\_\_\_ kids Is shedding a problem?: \_\_\_\_\_ yes \_\_\_\_\_ no

Who will be taking care of the pet?: \_\_\_\_\_

**Please read and sign below:**

I/we hereby give permission for my veterinarian (identified on this application) to release to S.O.S. Animal Rescue all information concerning my veterinary care of my current or past pets. We also hereby give S.O.S. Animal Rescue permission to contact my landlord/ association to verify that pets are allowed at my place of residence (identified on this application).

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Please return to completed application to:  
S.O.S. Animal Rescue  
P.O. Box 1135  
Midland, MI 48641-1135

If you have questions, please contact us at (989) 492-0042