



Pets Return Home

PO Box 2769
Cottonwood, AZ 86326

(928) 793-2013

www.petsreturnhome.org

ADOPTION APPLICATION

adoption@petsreturnhome.org

Name: _____ Date of Birth: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Previous Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Name of Spouse/Significant Other: _____ Phone: _____
Driver's License #: _____ DL State: _____

I certify that I am at least 18 years of age: YES NO

Current Occupation: _____

What is your housing situation? Rent Own Live with parents Other:

House Apartment Mobile Home Condo/Townhome Other:

Do you have permission from your landlord, property owner, HOA and/or other members of the household to adopt an animal? Yes No

Name and phone # of landlord or property owner:

May we contact the landlord/property owner? Yes No: Later

Is your back yard fenced? YES NO What is height of fence? _____

What type of material? Block Wood Chain Link Wrought Iron Other:

Do you have a swimming pool? YES NO Does gate have a lock? YES NO

Do you have a crate? YES NO Do you have an (X-Pen)? YES NO

Do you have a doggy door? YES NO

Why do you want to adopt a rescue dog(s)? _____

Special considerations, request or preferences you have in adopting a rescue dog(s)? _____

Dog will be kept? Inside Outside

When not home, where will dog be kept? _____

Where will dog(s) sleep? _____



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Do you agree to keep current license and I.D. tag(s) on dog at all times? YES NO

Do you agree to obey all leash laws? YES NO

How many adults live in your home? _____ Number of children in home? _____

Please list names & ages of adults and children Who will care for adopted dog?

Name	Age	Check each that will care for adopted dog	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Pets you currently own and/or have in your home:

Type: Dog, Cat, Bird, Reptile, Rabbit, etc.	Breed	Gender	Age

Can you provide proof all your pet(s) are current on required vaccinations? YES NO

Can you provide proof that your pet(s) are spayed/neutered, if required? YES NO

Have you ever given up a pet to a shelter? Yes / No If yes, explain:

How many hours a day will your new pet be without human companionship?:

Where will the animal be when you are not at home? example: outside in the yard, crate, baby gate, free run of the house/ dog door):

Where will the animal be when someone is home? example: free run of house with dog door, outside in yard, with me, crate, in my bed, in dog bed): Day? _ Night?

Do you have a backup plan for your animal if you are unable to care for him/her? Yes No Please explain?:

Will you be able to live with hair on your furniture, stains on your rug, and a warm body on your bed for the next 10-20 years? Yes No

All pets making the transition into a new home need time to adjust to a new family and surroundings and may require housetraining and behavior training. Are you willing to provide all necessary training? Yes No

What behaviors, if any, would cause you to give up your companion animal?:



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How do you plan to exercise your animal?:

When your dog is outdoors at home, which of the following will apply: Fenced yard Run or Kennel Tether/Chain/Tie-out Invisible Fence Unfenced acreage Other:

Can you afford veterinary care, grooming, emergency expenses, supplies, and food for the lifetime of this pet? (These expenses can add up to 100's of dollars each year.) Yes No

With existing pets, what is the plan for integrating your new pet safely and successfully into the household?

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How did you hear about us? Friend/Family Volunteer Web Other:

List two personal references - one reference who is NOT a family member

Reference One

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Reference Two

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Your Veterinarian:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____



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I certify that to the best of my knowledge, all the above information is true. I understand Pets Return Home reserves the right to deny the adoption of any animal. I acknowledge that information regarding the history, health, and behavior of adopted animals may not always be available or accurate.

Adopter Signature	Printed Name	Date
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Pets Return Home Signature	Printed Name & Title	Date
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Animal Placed By: _____ Date Placed: _____ Adopter's DL State & # (Attach Photo): _____