

Pet Adoption Application

Creature Comforts Veterinary Service

P.O. Box 700, Saylorsburg, PA 18353 - (570) 992-0400

ccvs@creaturecomfortsvet.net

www.creaturecomfortsvet.net

Canine/Feline/Other: _____ Pet Name: _____

- Please Note:**
1. We reserve the right to perform a home inspection prior to Adoption.
 2. We reserve the right to approve or deny any adoption for any reason.
 3. You must be at least 18 years of age to apply.

Do you understand and agree to the above notice? Yes / No Initials _____

For questions requiring more space for the answer there is additional space towards the end of the form.

Adopter Information

Name: _____ Spouse/Partner Name: _____

Phone: Home: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____

Email: _____ Date of Birth: _____ Occupation: _____

Primary Address: _____ City: _____

Township: _____ County: _____ State: _____ Zip: _____

Physical Address (If Primary is PO Box): _____

Secondary Address (Summer residents): _____

Number of Children ___ Ages: _____ Have your children lived with pets? Yes/No

Why do you want to adopt this pet? _____

Would this be your first pet? Yes ___ No ___ I have had (please list breeds of dogs):

Are you willing to accept immediate & full responsibility for ownership of this pet?

Yes/No

Is anyone in your home allergic to animals? Yes/No If Yes, how would adopting this animal affect said allergies? _____

Has anyone in your household ever been convicted of an animal-related charge? Yes/No
Have you ever surrendered an animal to a shelter? Yes/No If so, Please explain the
circumstances and name the shelter? _____

What happened to the animals you no longer have? _____

How many animals do you currently have? Dogs _____ Cats _____ Other _____
Please list the ages and breeds of your dogs and the ages of your cats: _____

Where did your pets come from and how old were they when you got them?

Do any of your current pets have serious health problems? Yes/No If Yes, please explain:

Are your current pets spayed/neutered? Yes/No If No, why not? _____

Where will your pet be kept during the day? _____

Where will your pet be kept during the evening? _____

For how many hours each day will your pet be alone? (On average—no human
present): _____

What are your expectations for this pet with your current schedule? How will you
socialize this pet? How will you deal with any bad habits that may develop with your
pet? _____

FOR CANINE ADOPTION ONLY

Do you have one of the following: Fenced Yard? ___ Dog Run? ___ Other?

Do you plan to crate train? Yes/No If not, what method of housebreaking will you use?

When you take this puppy/dog out to do his "business" will he be:

Walked on a leash? Yes / No

Tied on a rope/chain or cable? Yes / No If Yes, Rope or Chain?

Free to roam /loose? Yes / No

Allowed to roam in a fenced yard? Yes / No

How often will this puppy/dog be let outside? _____

How long will this puppy/dog be left outside? _____

FOR FELINE ADOPTION ONLY

Have your current cats/kittens been tested for FELV/FIV? Yes / No

Do you intend to declaw your new cat/kitten? Yes / No

Do you keep your current cats/kittens Indoors / Outdoors / Both Explain

REFERENCES

Note: Please contact any previous veterinarians to give them permission to speak with us.

Please list ALL veterinarians that you have used for ALL pets PAST and PRESENT. By

providing this information, you are authorizing Creature Comforts Veterinary Service to contact your references.

VETERINARIAN'S NAME: _____ **Phone:** _____

Name on Account: _____ **Pets Name/s:** _____

If there is a reason why your pet(s) have not been spayed or neutered or are not up to date on their vet care, please explain: _____

YOUR PERSONAL REFERENCES (No Family Members please)

1. **Name:** _____ **Relationship:** _____

Phone: Home: _____ **Cell:** _____

2. **Name:** _____ **Relationship:** _____

Phone: Home: _____ **Cell:** _____

Creature Comforts Adoption Agreement

I, _____ agree to adopt the pet described below from Creature Comforts Veterinary Service. I agree to the following terms:

Please initial each item

_____ Any pet adopted from CCVS will be a house pet. No dogs are to be left tied outside unattended and all cats are to be indoors only.

_____ I will continue to bring this pet to CCVS EXCLUSIVELY for its veterinary care. It must remain an active patient of CCVS, unless specifically released, IN WRITING, by the management.

_____ I will provide annual health checks and appropriate vaccinations, as well as flea/tick control and heartworm prevention.

_____ If I cannot keep this pet for any reason, I will return it to CCVS. I will not transfer ownership to another party.

_____ My donation of \$_____ will be used for the continued care of other companion animals. I understand that the donation may be refunded if I return the pet within 72 hours.

_____ I will not hold CCVS liable for the actions of the pet while in my care.

_____ CCVS has released the animal in good health to the best of their knowledge. I will report any problems within 72 hours.

*****ALL CATS HAVE BEEN TESTED FOR FELINE LEUKEMIA VIRUS AND FELINE AIDS EXPOSURE. ALL DOGS HAVE BEEN TESTED FOR HEARTWORM AND TICK BORNE DISEASES (LYME, ETC.). ALL HAVE BEEN APPROPRIATELY VACCINATED AND HAVE BEEN TREATED FOR INTERNAL PARASITES.****

Pet Requested _____

Species _____ Microchip Number _____

Printed Name _____

Signed _____ Date _____

CCVS Employee _____