



Centerville Pet Rescue

Suite 7, 237 Centerville Road Lancaster, PA 17603
www.centervillepetrescue.org - info@centervillepetrescue.org

ADOPTION APPLICATION

Personal Information

Last Name _____ First Name _____

Co-Applicant _____

Street _____ City _____

State _____ Zip Code _____ E-mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name of Employer _____ Part-time Full-time

Name of Personal Reference _____

Relationship to Reference _____ Phone _____

Household Questions

I/we Live in a: House Apartment Condo Mobile Home

I/we: Own Live with Parents Rent If you Rent are pets allowed? Yes No

If you rent provide landlord's name and phone # _____

If you rent must you provide a security deposit or pay additional rent? Yes No

How long have you lived at current address _____

If less than 1 year, provide previous address _____
Street

Time at this address _____
City State Zip

of Adults in Home _____ # of Children in Home _____ Ages _____

Has anyone in your home had dog or cat allergies? Yes No

Does everyone in your home know you are considering adopting a pet? Yes No

Does everyone in your home approve of your decision to adopt a pet? Yes No

Pet History If you require more space, use back of application.

Do you own other pets? Yes No **If "YES" please answer the following:**

How many pets do you own? _____ Are they current on their vaccinations? Yes No

If you have cats do they go outside? Yes No

Pet 1
Name _____ Type/Breed _____ Sex Male Female
Age _____ Neutered/Spayed Yes No Length of Time Owned _____

Pet 2
Name _____ Type/Breed _____ Sex Male Female
Age _____ Neutered/Spayed Yes No Length of Time Owned _____

Pet 3
Name _____ Type/Breed _____ Sex Male Female
Age _____ Neutered/Spayed Yes No Length of Time Owned _____

Pet 4
Name _____ Type/Breed _____ Sex Male Female
Age _____ Neutered/Spayed Yes No Length of Time Owned _____

Have you had other pets in the past 5 years? Yes No

If YES, what happened to them? _____

Have you ever given up a pet for adoption? Yes No

If YES, please explain why _____

Care Information

Where will pet spend most of its time? _____

Where will your new pet sleep? _____

If you travel, how will your pet be cared for? _____

Desired Pet

If interested in a particular one of our pets, which one? _____

What sex of pet do you prefer? Male Female No Preference

What age pet do you prefer? _____

If interested in a cat, will you let your cat go outside? Yes No

Would you adopt a pet with a treatable medical condition? Yes No

Why do you want to adopt a pet?
 Companion Breeding As a Gift
 Other _____

Veterinarian Information

Name of Current Veterinarian _____

Phone Number of Veterinarian _____

How much do you think it will cost you each year to care for your new pet (include food, flea treatments, medical and dental care, supplies, litter, treats and toys)? \$ _____

How did you hear about us? _____

RELEASE

I/we agree to release, discharge, indemnify and hold Centerville Pet Rescue (CPR) and/or their member/partner organizations harmless from and all damage as a result of and in the providing of any and all services and or products, including but not limited to the adoption of an animal. I recognize that animals at Centerville Pet Rescue (CPR) and/or its member/partner organizations come with the risk of injury or sickness, including personal injury or harm to my family, other individuals and animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless Centerville Pet Rescue (CPR) its agent, servants, employees, board members, partners, member organizations and sponsors from any and all claims, causes of action or demands, of any nature or cause connected with their services and/or products provided.

Name of Applicant (must be 18 years of age or older)

Date

Signature of Applicant

OFFICE USE ONLY

CPR Representative Taking Application	Approved By	Date
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