



# Centerville Pet Rescue

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

## ADOPTION APPLICATION

Have you adopted from us before? **Yes / No**      *If yes how long ago?* \_\_\_\_\_

### Personal information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthday \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ **Cell Home** (*circle one*)

Name of Employer \_\_\_\_\_ **Part-Time / Full-Time** (*circle one*)

Personal Reference \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Household Questions

I/we Live in a (*circle one*): **House Apartment Condo Mobile Home**-park name: \_\_\_\_\_

I/we (*circle one*): **Own Rent\* Live with Parents\*** (*provide name and phone number below*)

\* If you rent are pets allowed (*circle one*)? **Yes No**

\* If you rent provide landlord's/parents name and phone # \_\_\_\_\_

\* If you rent must you pay a security deposit or additional rent (*circle one*)? **Yes No**

How long have you lived at current address? \_\_\_\_\_

\*If less than 1 year, provide previous address: \_\_\_\_\_

\*Time at this address? \_\_\_\_\_

# of Adults in Home \_\_\_\_\_ # of children in home \_\_\_\_\_ ages? \_\_\_\_\_

Has anyone in your home had dog or cat allergies (*circle one*)? **Yes No**

Does everyone in your home know and agree to you adopting a pet (*circle one*)? **Yes No**

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

Are there other pets in the home (*circle one*)? **Yes No**      *If "YES" please answer the following:*

How many pets? \_\_\_\_\_ Are they current on all medical care (*circle one*)? **Yes No**

If there are cats, do they go outside (*circle one*)? **Yes No**

### 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? \_\_\_\_\_

Are you financially willing and able to provide both annual and routine medical care for your pet? This is an average commitment of \$300-\$500. (*circle one*) **Yes No**

Turn over →

**Current Pets:**

Name	Age	M or F	Species Dog, Cat, etc. If dog include breed	Spayed/Neuter Y/N	Length of time owned

Have you had other pets in the past 5 years (*circle one*)? **Yes\* No**

\*If YES, what happened to them? \_\_\_\_\_

Have you ever given up a pet for adoption (*circle one*)? **Yes\* No**

\*If YES, please explain why? \_\_\_\_\_

**Desired Pet**

If interested in a specific one of our pets, which one? \_\_\_\_\_

Pet preferences: Sex (*circle one*)? **Male Female No Preference** Age? \_\_\_\_\_

Would you adopt a pet with a treatable medical condition (*circle one*)? **Yes No**

Why do you want to adopt a pet (*circle one*)? **As a Gift Companion Breeding Other**

**Veterinarian Information**

Name of Current Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

How much do you think it will cost 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.*

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

\_\_\_\_\_  
CPR Representative Taking Application

\_\_\_\_\_  
Approved Date