



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