

THE ADOPTION CENTER
(631)-599-4082
ADOPTION APPLICATION
49 HAWKINS AVENUE
RONKONKOMA, NEW YORK 11779



DOG: _____ CAT: _____ NAME OF PET: _____

DESCRIPTION: _____

Personal

Your Name: _____ Phone: (Home) _____

Address: _____ Work: _____

Mobile: _____

Employed at: _____ Your Age: _____

Address: _____ Married: _____ Single: _____

Phone: _____ If Children, Ages _____

Grandchildren: _____

Do You Rent a home _____ Or Apartment _____ Any Known Allergies _____

Do You Own a home _____ Or Co Op or Condo _____

Do You Live with Parents or relative, their name and phone number: _____

References

Personal References (Other than Family Members)

_____ Phone _____ Relationship _____

_____ Phone _____ Relationship _____

PETS

Please list names and ages of pets currently in our home (If Applicable)

Cats: _____

Dogs: _____

Other: _____

If No current pets, any previously owned? _____

Status? _____

VETERINARIAN

Veterinarian Name: _____ Phone: _____

City: _____ Name of Animals: _____

How Often do you take your pets to the Vet? _____

Can you Afford yearly vet bills of 400.00? Easily _____ With some difficulty _____ Not At All _____

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ABOUT CATS

DOES/ DID YOUR CAT SPEND HIS TIME:

Indoors and outdoors _____

Mostly outdoors _____

Indoors Only _____

WOULD YOUR ADOPTED CAT SPEND HIS TIME:

Indoors and outdoors _____

Mostly outdoors _____

Indoors Only _____

Was your cat(s) ever tested for feline leukemia and AIDS: _____ Results: _____

Do You own a cat carrier? _____ How many hours a day is the cat alone? _____

Do you Drive _____ Are your Cats declawed? _____

What type of food do you use? _____

If single who would care for your cat if you were unable? _____

Who would care for the cat when you go on vacation? _____

ABOUT DOGS

DOES/ DID YOUR DOG SPEND HIS TIME:

Indoors and outdoors _____

Mostly outdoors _____

Indoors Only _____

WOULD YOUR ADOPTED DOG SPEND HIS TIME:

Indoors and outdoors _____

Mostly outdoors _____

Indoors Only _____

Will your dog be walked and how often? _____

Do you have a yard? _____ Is it fenced in? _____

What type of food do you use? _____

If single who would care for your dog if you were unable? _____

Who would care for the dog when you go on vacation? _____

SIGNATURE

DATE

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FOR OFFICE USE

APPLICATION PROCESSED BY: _____

VET: _____

PERSONAL:
