



# PRE-ADOPT APPLICATION

DATE: \_\_\_\_\_

Name and description of animal you are applying for: \_\_\_\_\_

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation \_\_\_\_\_

Is the above address: \_\_\_ House \_\_\_ Apt. Do you Own/ Rent/Other? \_\_\_\_\_

If Rent or Apartment name and number of Land Lord: \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ Description (ex. Chain link, wood, etc..) \_\_\_\_\_

A "Home Visit" maybe required, times and days available: \_\_\_\_\_

How many adults in the home? \_\_\_\_\_ Children? \_\_\_\_\_ Ages of Children? \_\_\_\_\_

Anyone in the home have allergies to pets? \_\_\_\_\_

Have you ever had to turn in a pet or re-home? \_\_\_\_\_ If yes give details: \_\_\_\_\_

List all current pets and previously owned in the past 5 yrs:

<u>Type</u>	<u>Breed</u>	<u>Name</u>	<u>Age</u>	<u>Spayed/Neutered?</u>	<u>Still own pet?</u>	<u>If not why?</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

Name and Phone number of your Veterinary Clinic: \_\_\_\_\_

Why do you want this pet? \_\_\_\_\_

How many hours a day will pet be left alone? \_\_\_\_\_ Will pet be allowed on furniture? \_\_\_\_\_

Where will pet be during the day? \_\_\_\_\_ At night? \_\_\_\_\_

What type of training do you plan on? \_\_\_\_\_

Where will animal sleep? \_\_\_\_\_ Will animal live inside or outside the home? \_\_\_\_\_

Do you understand the animal must be returned to PCM if you can no longer keep? \_\_\_\_\_

Are you willing to **transport** this animal back to PCM Rescue if it does not work out? \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

eMail application to [magicalpoms@att.net](mailto:magicalpoms@att.net)