



Date: \_\_\_\_\_ Name of Pet you are interested in: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Address, City, State and Zip \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_

Do these other adults like animals? Yes Somewhat No

Are these other adults aware of your intention to adopt an animal? Yes Somewhat No

How many children are in your household? \_\_\_\_\_ How old are these children? \_\_\_\_\_

Is this pet for: You Your Family Someone Else

Does anyone in your family/household have animal allergies? Yes No

List pets you currently own:

Name and type \_\_\_\_\_ Current on vaccines: Yes/No Spayed/Neutered: Yes/No

Housed: Indoor Outdoor Both

Name and type \_\_\_\_\_ Current on vaccines: Yes/No Spayed/Neutered: Yes/No

Housed: Indoor Outdoor Both

Name and type \_\_\_\_\_ Current on vaccines: Yes/No Spayed/Neutered: Yes/No

Housed: Indoor Outdoor Both

Provide name and phone number of veterinarian currently or previously used:

\_\_\_\_\_

Provide a brief history of pets you have owned, in the past 3 years, that you no longer have (gone due to death, illness, moved, re-homed, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your residence status?

- Homeowner
- Apartment- Complex Name: \_\_\_\_\_
- Mobile Home- Park Name: \_\_\_\_\_
- Condo- Division Name: \_\_\_\_\_
- Other- Please Specify: \_\_\_\_\_

Where will this new pet be housed? Indoor Outdoor Both

What method of exercise will you use for this new pet?

- Fenced Yard
- Tie Out
- Kennel
- Walked on Leash
- Trained to stay on property
- Farm Pet
- Other- please specify: \_\_\_\_\_

Does this new pet need to get along with: Children Cats Dogs Other-please specify \_\_\_\_\_

Does anyone in the home have a fear of animals? Yes No

Does everyone in the home have experience with animals? Yes No

Is shedding a problem? Yes No

Where will this new pet be kept when no one is home? \_\_\_\_\_

Where will this new pet sleep at night? \_\_\_\_\_

If new pet is a dog, does pet need to be fully housebroken? Yes No

Please provide two personal references of persons **NOT** living with you:

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please read the following paragraph and sign below.

Memories Live On would like to thank you for taking the time to fill out this animal interest form for on of our pets. If you DO NOT hear from us, this was not a good match between the pet and your home. This could be either personally or having to do with the behavioral characteristics of the animal. This DOES NOT mean that your home is not a good home.

Signature: \_\_\_\_\_