



Application For Annandale Animal Hospital Adoption Program

Full Name:

Address:

Email Address:

Phone Number:

Please answer the following questions truthfully and as best you can. Once completed, please email your adoption application to enquiries@annandalevets.com.au

Once your application has been reviewed, a member of our team will contact you as soon as possible.

What is the name of the kitten or cat you are interest in adopting?

Have you ever owned a cat before?

Please advise the number of adults and children living in your home and the ages of the children (if applicable)

Do you have any other pets? If so please list other pets in the household.

How often will the kitten or cat be home alone?

Are you employed? (Mark the answer that is most applicable to you)

- a. Full time
- b. Part time
- c. Retired
- d. Student
- e. Unemployed

In your opinion which of the following justifies surrendering a pet? (Mark multiple if more than one is applicable)

- a. Moving houses
- b. Personality clash with another pet (new or old)
- c. Children have lost interest
- d. No longer being allowed animals in your rental property
- e. Lack of time
- f. Medical reasons
- g. Having a new baby
- h. Family break up
- i. Excessive coat shedding
- j. Financial issues
- k. Toileting issues (i.e urinating outside the litter box or around the house)
- l. Behavioral issues
- m. Pet is damaging the furniture
- n. None – A pet is for life
- o. Other

What type of house do you have?

- a. House
- b. Townhouse/Villa
- c. Apartment/Unit

Are you renting? YES / NO

If YES, do you have approval from your landlord or real-estate agent to have a pet living at the premises? *(if your application is successful, a Landlord approval letter or email will be required).*

Do you agree to provide ongoing and regular veterinary care for your pet? i.e Vaccinations, flea/tick/worming prevention, dental care, general work up if your pet falls ill.

- a. Yes
- b. If circumstances allow.
- c. Other

Is there anything else you would like to tell us about yourself and why you would like to adopt a new pet?

Please provide the name and number of your regular veterinarian if it is not Annandale Animal Hospital.

I agree that by signing this form, when I adopt an animal from Annandale Animal Hospital, I have taken on the full responsibility of owning, financially supporting and appropriately caring from the animal for the duration of he or she's life.

Date:

Print name:

Signature: