



In Foster At Petsmart In House ☐ Proof of Vacc/LC for: _____
☐ Articles Printed
CVI/R/S/N: _____ Total License Fee(s): \$ _____
Meet Date/Time: _____ Adoption Promo/Fee: \$ _____
Adopt Date/Time: _____ Training Deposit: \$ _____
: \$ _____
☐ Needs pre-consult - Completed initials: _____ Total : \$ _____
☐ Needs microchip - Completed Initials: _____
☐ Cash/Card Only ☐ Bring DL/ID
☐ Adoption Photo
☐ Entered in ASM

Approved _____ General App _____ ☐ DCO Not Approved _____
Animal's name: _____ Case #: _____ Date of Counsel: _____ CG Initials: _____
Breed/Color: _____ Age: _____ Sex: _____

Please leave all areas above blank. Please Print Legibly.

If we cannot read your handwriting we cannot guarantee that we'll be able to process your app.

Species I am interested in adopting: Cat Dog Other: _____
Name(s) if known - 1st Choice: _____ 2nd Choice: _____

Adopter Information

Full Legal First Name: _____ MI: _____ Last Name: _____
(Please make sure you are putting your full first name, middle initial, and last name as it appears on your driver's license or state ID)

Full Physical Address (including apt/lot #): _____

Mailing Address if different than above: _____

Phone: _____ E-Mail: _____

Driver's License #: _____ State: _____ DOB: _____
State ID # is also acceptable Must be 18 years or older to adopt.

Household

Please make sure you check with your landlord/management company as they may have size/breed restrictions, pet number limit, and/or pet deposit/additional fees.

What is your source of income?

Part-Time Full-Time Social Security Other _____

Tell us about your household and living space: Own Rent Student Housing Other: _____

Please describe (number of rooms, yard size, etc.): _____

Full Name of all adults in home (18+ years old): _____

Ages of kids (under 18 yrs old) in home - if none please put n/a: _____

Disclaimer/Agreement

1. I am at least 18 years of age and can legally sign a binding contract.
2. I have verified with my landlord/parents I am allowed to have a pet and have completed all the requirements to have this pet.
3. I have given CRHS permission to check my vet history and verify landlord permission for housing.
4. I understand that if I must return this animal because I gave false information on this application, NO refund will be given.
5. I understand that CRHS has the right to deny any application.
6. I understand that filling out this application does not guarantee that I will be approved to adopt an animal.
7. I understand that I am responsible for any interstate commerce laws should I adopt this animal.
8. I understand that if I am approved to adopt an animal that I will be required to sign the adoption paperwork and cannot ask that someone else sign on my behalf (married couples excluded).
9. I understand CRHS may use my email to send correspondence in addition to shelter updates which I can opt out of at anytime.

Signature: _____ Staff Initials: _____

General

What experience do you have with this type of animal? _____

How many hours would the animal be alone on a typical day? _____

Describe their typical day: _____

Will the animal be: Indoor only Indoor/Outdoor Primarily Outdoor

I would like this animal for: Companion Working cat/dog Other: _____

Are there any reasons you would return or re-home? _____

For ALL Dogs: would you kennel, how often could you walk/exercise each day?

For ALL Cats: Were you considering declawing? ☐ Yes ☐ No ☐ Unsure

If Yes or Unsure, what are your reasons? _____

Current Pets in home

Species	1	2	3	4
Name				
Breed				
Age				
Rabies Due Date:				
Distemper* Due Date:				
Altered?				
License Fee (if required)				

*Distemper refers to either the canine distemper vaccine OR the feline distemper vaccine (also known as FVRCP, DH(L)PP, wellness vacc, respiratory vaccine)

Species	5	6	7	8
Name				
Breed				
Age				
Rabies Due Date:				
Distemper* Due Date:				
Altered?				
License Fee (if required)				

*Distemper refers to either the canine distemper vaccine OR the feline distemper vaccine (also known as FVRCP, DH(L)PP, wellness vacc, respiratory vaccine)

Other/Small Animals:

Vet Clinic #1: _____ **Phone:** _____

Vet Clinic #2: _____ **Phone:** _____

What name are these records listed under? _____

Requested Articles/Resources

- | | |
|---|--|
| <input type="checkbox"/> Pet-proofing your home | <input type="checkbox"/> Pets & Babies |
| <input type="checkbox"/> Plants & foods that are poisonous to cats & dogs | <input type="checkbox"/> Adopting an under-socialized cat or dog |
| <input type="checkbox"/> Choosing food and feeding tips for cats & dogs | <input type="checkbox"/> Crate-training |
| <input type="checkbox"/> Introductions to current pets | <input type="checkbox"/> House-training a puppy or retraining an adult dog |
| <input type="checkbox"/> Destructive scratching prevention & solutions | <input type="checkbox"/> Cleaning to remove pet odors and stains |
| <input type="checkbox"/> Declawing & alternatives | <input type="checkbox"/> Species Specific Care sheet _____ |
| <input type="checkbox"/> Solving litter box problems | <input type="checkbox"/> Volunteering (in-house or transport) |
| <input type="checkbox"/> Aversives for cats | <input type="checkbox"/> Fostering |
| <input type="checkbox"/> Cat clicker training | <input type="checkbox"/> Moving or Renting with pets (circle one or both) |