



Post Office Box 7308 ♥ West Columbia, SC 29171-7308
www.heartwormproject.org ♥ 803-394-7470

ADOPTION APPLICATION

Instructions: Please read this application, complete both pages, sign it, and return it to us at the address above or give it to a member of the Heartworm Project. The information you provide in this application and during our interview will help us find a good match for you.

Name _____ Spouse/Partner/Roommate _____

Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Work Phone _____ Cell _____

E-Mail Address _____

Occupation _____ Employer _____

Please list two personal references and their relationship to you:

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Your veterinarian:

Name _____ City _____ State _____

Phone _____

Can we contact your veterinarian for a reference? Yes No

If you do not CURRENTLY have a vet but have had a vet in the past, please provide the following:

Name _____

Phone _____

If you have used multiple vets, please provide contact information for all of them.

Which pet(s) on the site are you interested in adopting?

Why do you think this pet would be a good addition to your family?

Your children:

Do you have children? Yes No Number _____ Ages _____

Have they ever been afraid of cats? Yes No

Have they ever been afraid of dogs? Yes No

Do any of your children or any other person residing in your home have allergies to pets? Yes No
If so, how will you deal with this?

Have you planned to have children, and if so, what will happen to the dog or to the cat?

Have you ever had to find another home for a pet because of a child? Please explain:

Please provide the following information about your pets (if any) and your home:

Your dogs:

How many dogs do you have? _____

Breed/mix: _____ Ages : _____

Do they get along with cats? Yes No

Have you owned any additional dogs in the previous 5 years? Yes No If you no longer have them, please explain why.

Have your dogs been spayed/neutered? Yes No Are they up to date on vaccines? Yes No

If not, why?

Where do your dogs stay when you are not home?

Your cats:

How many cats do you have? _____ Ages _____

Do they get along with dogs? Yes No Do they get along with other cats? Yes No

Have you owned any additional cats in the previous 5 years? Yes No If you no longer have them, please explain why.

Have your cats been spayed/neutered? Yes No Are they up to date on vaccines? Yes No

If not, why?

Where does your cat stay when you are not home?

Your home:

Number of adults? _____ Own Rent If you rent, do you have written permission from your landlord to have a cat or a dog? Yes No

Landlord's name _____ Telephone Number _____

Is it an apartment duplex townhouse single house mobile home other

Do you have a fenced yard?

Type of fencing

Where will your pet stay when you are not home?

Where will your pet stay at night?

When you travel, what accommodations will you make for your pet?

How long will your pet be left alone?

Home visit. I/we agree to allow you to visit my/our home by appointment as part of our application or your follow-up process. Yes No

Application Information. All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise you promptly. Yes No

Signature of Applicant

Date

Witness

Date