



St. Louis Pet Rescue Dog Adoption Application

Email: contact@stlpetrescue.com

www.stlpetrescue.com

Voice Mail: 314-827-5543

P.O.Box 374, Valley Park, MO 63088

Payment type				Is it entered into Square (for checks enter pet ID number, name and check number, for cash pet ID number and name of person)
Amount	Cash	Check	Credit	
				For staff only

Adoption Date	Pet ID #
Pet Name	Pet Description

Adopter's First and Last name	Resident Address (not P.O. BOX)	
City	State	Zip
Cell Phone	Home Phone	Email Address

Driver's License #	State Licensed	Are you 21 years or older?	Obtain a copy of the Driver's License or State ID for the records
		Yes No	

Guardian and Home Life

How would you describe your age?			I Live In a			
Young Adult 21-35	Adult 36-65	Mature adult 65+	Single Family Dwelling	Condo	Apartment	Mobile home Other (describe)

I would describe my home as			
Quiet/calm	Moderately Active	Grand Central Station	Other (describe)

Do you		If renting, name and number of Landlord
Own	Rent	
Name and ages of the adults in the home?		What are the ages of kids in the home?

Is anyone in the household allergic to pets or has asthma?			
Allergies	Asthma	No	I don't know
If you answered yes to any, what would you do to deal with a pet allergy if adopting a pet?			



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Have you ever been in violation of the law/ordinances pertaining to pets?	Yes No	Date of violation	City, State
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Details of violation

Do you know the government pet ownership requirements for the city or county you live in?	Do you have breed restriction?	# of pets allowed
YES NO	YES NO	

Describe any pet restrictions (if you have any) by your landlord, homeowner's/renter's insurance, subdivision or city?

Have you ever surrendered a past pet to a shelter, rescue group or gave away?	YES NO
<i>If yes please explain the circumstances</i>	

Do you have a fenced in yard?	What type of fence do you have?	Height of fence?	Do you have a doggy door?
Yes NO			YES NO

What would you do if the new pet would chew on things?

If you were to lose the house, apartment you live in, what would your plan be for the pets in your home?

How would you provide exercise?

What would you do about potty training if needed?

All About Pets

What is the purpose of this adoption?				Will your new pet have		Describe level of experience with dogs			
For self	Gift	Companion for another pet	Guard dog	Limited use of house	Full use of house	Novice	Somewhat	Seasoned	Expert

Where are you going to keep the dog			Some of our dogs may have special needs. If you adopt one with any of the following needs, we expect that you will follow treatment recommendations.	
Inside only	Inside / outside	Outside only	Special medication	Hypothyroid
			Special food	Seizures
			Post heartworm treatment	Skin problems
			Post surgical procedure	No teeth/few teeth



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Do you have any pets currently in your household? If yes, please fill out tables below.	Yes	No
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Please answer Yes (Y) or No (N) to each question about each cat in your household. If you are unsure of what FELV/FIV is, please ask for help.

CATS (names)	Age	Spayed or neutered	Up to date on shots	Tested for Feline Leukemia	Tested for FIV	Is kitty inside, Inside/outside, or outside only kitty	Does kitty see a vet every year/regularly	Is the kitty declawed

DOGS (names)	Age	Spayed neutered	Up to date on shots	Tested for Heartworms	On preventative		Does the dog see a vet as recommended	Are the dogs inside, or outside dogs
					HW	Flea / Tick		

PERSONAL AND VET REFERENCES

References are checked prior to adoption. Please do not list more than 1 family member as a personal reference. You may list a friend, neighbor, your boss, a coworker etc. If no vet, please list a 3rd reference. Thank you! (questions marked with a red * are mandatory)

Full Name	Phone Number	Relationship
*		
*		

For current or recent pets in the household please list your current vet or vets.

Veterinarian's name *		Phone Number
Veterinarian's name		Phone Number

Are you interested in receiving our quarterly newsletter?	Yes	No	Email
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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature	Date:
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