P.O. BOX 2134
CLARKSVILLE, IN 47131
(812) 786-5800
purrfectfriends@bellsouth.net

Date_____

Name_____

Address_____

City_____ **State** _____ **Zip Code** _____

Home Phone_____ **Work**_____ **Cell**_____ **Email**_____

Applying for: _____

Thank you for considering adopting from Purrfect Friends for Adoption. You will be making a 10-20 year commitment to the cat/dog you adopt and our goal it to help make the best match possible for you and the cat/dog you are interested in. The following questions will help us achieve that goal.

In order to be considered as an adopter, you must:

- **Be 18 years of age or older**
- **Have identification showing your present address**
- **If you rent, you must have the knowledge and consent of your landlord.**
- **You must provide 2 references not related to you, and a vet reference.**

Do you currently live in a: House_☐_ **Apartment**_☐_ **Condo**_☐_ **Other**_____

Do you currently: Rent_____ **Landlord Telephone #**_____ **Own**_____

Years at current address_____

How many adults live in your house?_____ **How many children?**_____ **Ages?**_____

Does anyone in your household have allergies? Yes_☐_ **No**_☐_

Who will primarily be responsible for the care of this cat/dog?_____

Is this cat/dog a gift?_____

If yes, for whom?_____ **Reason for wanting this cat/dog?**_____

What attracts you to the cat/dog you are interested in?_____

Will this cat/dog be Indoor_◯_ **Outdoor**_◯_**Indoor and Outdoor?**_◯_

Where will the cat/dog be kept when no one is at home/vacation?_____

Have you had pets in the past (as an adult)? Yes☐ No☐

Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own.

Name	Dog/Cat	Age	Sex	Spay/Neutered	Owned how long?	If Deceased-what was the cause of death?

Are you planning on moving in the next year? Yes☐ No☐

I agree to notify Purrfect Friends for Adoption if I/We are unable to keep this animal and to relinquish this animal only to an authorized member of Purrfect Friends for Adoption. Purrfect Friends for Adoption is allowed no less than two weeks to arrange alternative shelter for the animal.

Name and telephone number of References: (1) _____

(2) _____

Name of current vet: _____

Telephone # _____

I certify that the statements made on this application are true and accurate to the best of my knowledge. I understand that false statements either written or oral, may lead to the rejection of this application for pet adoption.

Signature:_____ Date_____

Approved by:

_____ Date _____