



Animal Aid of Colorado

ADOPTION APPLICATION

ANIMAL NAME/ID: _____ GENDER: _____ SPECIES/BREED: _____

DATE OF BIRTH: _____ COLOR/MARKINGS: _____

DATE OF SPAY/NEUTER: _____ WEIGHT: _____

MEDICAL CHIP/RABIES TAG: _____

ADOPTORS NAME(S): _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

DRIVER'S LICENSE NUMBER: _____ EXPIRATION DATE _____

Names and ages of all household members: _____

Type and ages of all animals in household: _____

Are your other animals spayed/neutered and vaccinated? _____

How long will the pet be left alone during day? _____

Will the pet be kenneled when alone and at night or allowed free range of the house? _____

Do you already have a vet (name please) or would you like a recommendation?

Do you have a fenced yard? _____ Height of fence: _____

Do you own or rent? _____ House or Apartment? _____

Do you think we should know anything else about you or the home you can provide for the pet?

I affirm that all of the above statements are true and factual to the best of my knowledge:

SIGNATURE OF ADOPTOR

DATE