



Adoption Application

4380 Noyes Drive, Shreveport, LA 71119 | www.PetsaversShreveport.org | (318) 636-0400
Email completed application to petsavers@petsaversshreveport.org or drop off the application at the Shelter.

Adopter Information (Please Print)

Name		Date
Address		
City	State	Zip
Home Phone	Cell Phone	Email Address
Work Phone	Name of Employer	

Living Circumstances

Housing Type (Circle One): Home Condo Apartment Mobile Home Farm
Do You (Circle One): Own Rent Live with Family Live with Roommates

Landlord's Name: _____ Landlord's Phone: _____

Is there a deposit required for pet? _____

How many people live in your household: _____ Adults _____ Children _____ Age(s)

Are all members of your household supportive of this adoption? YES NO

Does anyone in your household have any known allergies to animals? YES NO

Are you active military duty? YES NO

What will you do with your pets if you have to move? _____

How much do you anticipate to spend per year on your pet? _____

Pet History

Name	Sex	Type & Breed	Age	Spayed/Neutered	Current or previous pet?
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If none are listed above, is this your first experience with a pet? YES NO

Have you previously adopted from us or another agency/shelter? YES NO

Have you ever given away or returned a pet/animal for any reason? YES NO

If yes, why? _____

Why do you want a pet? Family Pet Guard Dog For Other Pet Other: _____

(Continued on reverse side)

Veterinary Information

Name of Veterinarian _____ Name of Veterinary Hospital _____ Phone Number _____

Are your pets current on their vaccinations? YES NO

Are your pets on heartworm preventative? YES NO

Please explain why heartworm preventative is important: _____

Briefly explain how pets get heartworms: _____

What brand of heartworm preventative do you use or have you used in the past? _____

How often do you give heartworm medication? _____

LIVING ENVIRONMENT FOR THE DOG:

Do you have a fenced back yard? YES NO

Where will the dog be kept during the day? _____

Where will the dog be kept during the night? _____

Dog will be alone _____ hours each day

How will you confine this pet to your yard? _____

FIRST TIME DOG OWNERS PLEASE PROVIDE TWO REFERENCES: (Do not include relatives)

Name _____ Address _____ Ph. No. _____

Name _____ Address _____ Ph. No. _____

Statement of Understanding

_____ I understand that the shelter environment often induces stress in animals. If the animal has behavior problems that I am not sure how to manage, I will contact Pet Savers for information and resources or seek professional assistance. I also understand that it may take 3-6 months for a pet to completely adapt to a new home and family.

_____ I understand the daily time commitment needed to properly care for this animal and am capable of providing such care.

_____ I understand that if I adopt a puppy that has not already been surgically sterilized, I must have the animal surgically sterilized **before** the animal reaches eight months of age and ideally at 5 months of age or Pet Savers may reclaim my pet.

_____ I understand that this is a lifetime commitment of 10-20 years and I am responsible for annual, monthly and unforeseen veterinary care, including monthly heartworm preventative.

_____ I understand, should I not be able to provide for his or her care, that I will not surrender, sell or otherwise list my pet as available for re-homing to anyone, without first consulting and notifying Pet Savers.

By signing below, I acknowledge I have answered all questions truthfully and understand that Pet Savers has the right, in its sole discretion, not to approve this application. I hereby give Pet Savers permission to investigate all statements on this application.

Applicant Signature

Date

I am interested in adopting the DOG named _____

Please know that if you are not certain about who you wish to adopt you will not be denied of the application process.