

of Pet you are interested in:
Secondary Phone Number:
old?
imals? Yes Somewhat No
e of your intention to adopt an animal? Yes Somewhat No
ehold? How old are these children?
Someone Else
old have animal allergies? Yes No
Current on vaccines: Yes/No Spayed/Neutered: Yes/No
Housed: Indoor Outdoor Both
Current on vaccines: Yes/No Spayed/Neutered: Yes/No
Housed: Indoor Outdoor Both
Current on vaccines: Yes/No Spayed/Neutered: Yes/No
Housed: Indoor Outdoor Both
veterinarian currently or previously used:
ive owned, in the past 3 years, that you no longer have (gone due to .)

 Homeowner Apartment- Complex Name: Mobile Home- Park Name: Condo- Division Name:
o Other- Please Specify:
Where will this new pet be housed? Indoor Outdoor Both
What method of exercise will you use for this new pet?
 Fenced Yard Tie Out Kennel Walked on Leash Trained to stay on property Farm Pet Other- please specify:
Does this new pet need to get along with: Children Cats Dogs Other-please specify
Does anyone in the home have a fear of animals? Yes No
Does everyone in the home have experience with animals? Yes No
Is shedding a problem? Yes No
Where will this new pet be kept when no one is home?
Where will this new pet sleep at night?
If new pet is a dog, does pet need to be fully housebroken? Yes No
Please provide two personal references of persons NOT living with you:
Name:Phone Number:
Name:Phone Number:
Please read the following paragraph and sign below.
Memories Live On would like to thank you for taking the time to fill out this animal interest form for or of our pets. If you DO NOT hear from us, this was not a good match between the pet and your home. This could be either personally or having to do with the behavioral characteristics of the animal. This DOES NOT mean that your home is not a good home.
Signature:

What is your residence status?