

Longwood Veterinary Center Adoption Questionnaire

Name:	
Address:	
Home Phone: Work Phone:	
Employer Name:	_ .
You currently reside in (circle one): House Apartment Do youown rent live with family	Condo Other
If you rent, please list your landlord's name: Landlord's Phone number:	
If you rent, do you have a lease: yes n If you live with family, please list name of homeown Homeowner's Phone number:	ner:
How many adults live in the household:	
How many children live in the household: If there are children, please list their ages:	
Does anyone in the household have any known animal aller the severity of the allergy):	
Who will be responsible for this pet (must be 18 years or ol Where will this pet live? Indoors only Outdoor	
Do you have a fenced in yard? Yes No	
Please list all of the pets that you have owned in the past 10	0 years:
Name Breed Age Sex Spayed/Neutered	Still Own? If not, what happened?

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Phone:	Location (City/State):
Are the records in your name:Ye	
Adoptive Pet which I am interested in a	adopting:
Please initial the following:	
above mentioned pet.	·
best of my knowledge. I also understa	mation provided on this questionnaire is true and correct to the nd that completing this application does not guarantee that I will ned pet. I understand that I will be contacted by the adoption been verified.
Signature	 Date