



Commonwealth Animal Hospital
 1058 N. College St, Harrodsburg, KY 40330
 859-734-2245 R. Paul Bosse, DVM



Adoption Application & Agreement

Page 1 of 3

Name of pet you are applying for: _____

On this date: _____, this agreement is entered into between
 Commonwealth Animal Hospital and:

First Name: _____ M.I.: ____ Last Name: _____

Spouse's First Name: _____ M.I.: ____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Contact Number: _____ Home / Cell / Work / Other: _____

Alternate Phone Number: _____ Home / Cell / Work / Other: _____

Spouse Phone Number: _____ Home / Cell / Work / Other: _____

Email Address: _____

Name of Current Employer and Phone Number: _____

Do you work: _____ Full time _____ Part time _____ From home _____ Other

SSN or DL #: _____ Date of Birth: _____

Do you live in: ___ House ___ Apartment ___ Condo ___ Mobile Home

Do you: ___ Own ___ Rent

Required for Renters: Landlord's name and phone number: _____

Has your landlord placed any restrictions on pet ownership (i.e. breed restrictions, size, number of pets)?

How many people live in your home? _____

What are their ages? _____

Has everyone agreed to the addition of this pet to your family? _____ Yes _____ No

Do you currently have any pets? ___ Yes ___ No

Please tell us about your pets – names, ages, species



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Page 2 of 3

Are your current pets up-to-date on vaccinations and spayed/neutered? _____ Yes _____ No
 If no, why not? _____

Do you have a regular veterinarian? _____ Yes _____ No
 Please provide the name and contact information for your veterinarian: _____

Commonwealth Animal Hospital WILL contact your vet for a reference.

What flea/tick prevention do you use for the dogs in your home? _____
 What heartworm prevention do you use for the dogs in your home? _____

If you do not currently have pets, have you ever owned a pet before? _____
 Please tell us about your previous pet ownership _____

Have you ever had to give away or had to rehome a pet? _____ Yes _____ No
 If yes, why and where is the pet now? _____

Where will your adopted pet spend most of its time? _____
 Where will your dog be kept when you are not at home? _____
 Where will your dog sleep at night? _____

On average, how many hours a day will your dog be left alone? _____
 How will you ensure your dog gets adequate daily exercise? _____
 What types of "social activities" do you have planned for your dog (i.e. doggie day care, play dates, dog-friendly bars/restaurants, etc.)? _____

Please tell us about any pertinent training experience you may have (i.e. have you ever housebroken or crate trained a dog before? Dealt with behavioral issues?). _____

Do you have any experience dealing with medical issues with current or previous pets? Please describe: _____

Do you have a fully fenced yard? _____ Structural Fence _____ Underground/Electric Fence _____ No
 Type and height if structural fence? _____
 If you do not have a fenced yard, how many times a day will you take your dog out to potty? _____



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Page 3 of 3

If you have an electric fence, who will train your dog to use the electric fence? (Please note: puppies under 6 months old are too young to be trained on an electric fence.) _____

Do you have a plan in place for the care of your dog in the event your death or if you become ill, incapacitated? If so, please provide details. _____

Is there any other relevant information you'd like us to consider when reviewing your application?

All the information I provided in this application is true and accurate. Should I be approved to adopt the pet applied for in this application, I promise to provide routine and emergency medical care to the pet, including annual vaccinations and monthly flea/tick/heartworm preventative for the duration of the pet's life. I understand that by filling out and signing this form, I am agreeing to take care of the above pet for the duration of its life and understand that this may mean daily medication administration and treatment of any ailments that arise over the course of the pet's life. I also agree that if for any reason I can no longer care for this pet, I will return it to Commonwealth Animal Hospital along with all its veterinary records.

Signed:

Print Name:

Signature of Agent of Commonwealth Animal Hospital:

Print Name: