

Country Lakes Animal Clinic Adoption Application

Date: _____ Name: _____

Address: _____

Phone: _____ Email: _____

Current Veterinarian: (we intend to call your current veterinarian for a reference)

Which pet are you interested in adopting? _____

Please list the pets you currently have: _____

Where would this pet spend the majority of its time? _____ Inside _____ Outside
_____ Both inside and outside

How many hours per day will this pet spend with its family? _____

How many hours per day will this pet be alone? _____

Where will the pet sleep? _____

Does anyone in your household have allergies? _____

Are all household members in favor of adopting a pet? _____

Who will be the main owner/caretaker of this pet? _____

Do you have any children, and if so, what are their ages? _____

At what age do you plan to have this pet spayed/neutered (if applicable)? _____

*I understand that an animal adopted from Country Lakes Animal Clinic is to be kept as a pet only and should not be used for any other purpose. I also understand that my new pet must be sterilized at the appropriate age and must never be bred. I certify that all information in this application is valid, and I agree to the rules stated above.

Signature of Adopter: _____ Date _____

CLAC Representative _____ Date _____