

## Fremont Animal Hospital Adoption Request Form

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

### HOUSEHOLD INFORMATION

Number of adults in the household: \_\_\_\_\_  
 Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_  
 Any allergies to pets: \_\_\_\_\_  
 Residential Status (circle one) : **RENT OWN OTHER** (please specify): \_\_\_\_\_  
 If rent, please list Landlord name and contact phone number: \_\_\_\_\_

- *We will require written consent from landlord that pets are allowed.*

### PET HISTORY

*(If you are currently a client of Fremont Animal Hospital you do not need to complete this section.)*

**List all animal(s) you own or have previously owned in the past 5 years**

SPECIES/BREED	AGE	SEX	SPAYED/NEUTERED	STILL OWN?	List any major medical/behavioral issues

Who is your current Veterinarian? (Dr./Animal Hospital) \_\_\_\_\_

May we contact them? \_\_\_\_\_

Thank you for your interest in adopting a pet. It is our intention to ensure that all animals in our care are given loving and responsible homes. We want to make matches that will last a lifetime.

By signing below I hereby submit that the information provided by me is true. Any false information may result in my losing the privilege of adopting a pet. I understand that Fremont Animal Hospital has the right to deny my request to adopt an animal and that this request must be completed and approved by Fremont Animal Hospital before an adoption will be considered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_