



Valley Center Animal League Adoption Application

Name _____ Age _____ Date _____

Address _____ City _____

Zip _____

Home Phone _____ Work Phone _____

Employer _____ Cell _____

Please List Present Pets

Name/Type	M/F	Spay/Neuter	Age	Where kept
How long owned				

Past Pets

Name/Type	M/F	Spay/Neuter	Age	Where kept
How long owned				

Who is your veterinarian? _____ For how long? _____

On what pet? _____ Vets phone # _____ Are your dogs groomed? _____

By whom? _____ How often? _____

Are your pets up to date on vaccinations? _____ On heartworm preventative year round? _____

What kind? _____



Have you ever filled out an application with us before? _____

Referred by: _____

Ever been denied adoption by any organization? _____ If yes, please explain

Who will this pet be for? _____

Other adults in home? _____ Does anyone have allergies in home? _____

Ages of children/grandchildren living /visiting _____

Do you live in: [] Apt. [] Duplex [] Mobile home [] House [] Other

Do you own or rent? [] Own [] Rent If rent, name of Land Lord _____
Phone # _____

Do you have a yard? _____ Is it fenced? _____ Type of fencing _____

Do you have a dog run? _____ Size _____ Do you have a swimming pool? _____

What is the reason you want to adopt? _____

Where will this pet be during daytime? _____ Night time? _____

How long by itself per day? _____ What type of dog/cat do you want? _____

Pets you are interested in: _____

The information contained within this application is true and correct to the best of my knowledge.

I give my permission for a VCAL representative to review my vet care with my veterinarian.

Signature/Date _____