



Post Office Box 7308 ♥ West Columbia, SC 29171-7308  
www.heartwormproject.org ♥ 803-394-7470

### ADOPTION APPLICATION

**Instructions:** Please read this application, complete both pages, sign it, and return it to us at the address above or give it to a member of the Heartworm Project. The information you provide in this application and during our interview will help us find a good match for you.

Name \_\_\_\_\_ Spouse/Partner/Roommate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Please list two personal references and their relationship to you:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Your veterinarian:**

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

Can we contact your veterinarian for a reference?  Yes  No

**Which pet(s) on the site are you interested in adopting?**

Why do you think this pet would be a good addition to your family?

**Your children:**

Do you have children? Yes No      Number \_\_\_\_\_ Ages \_\_\_\_\_

Have they ever been afraid of cats? Yes No

Have they ever been afraid of dogs? Yes No

Do any of your children or any other person residing in your home have allergies to pets? Yes No  
If so, how will you deal with this?

Have you planned to have children, and if so, what will happen to the dog or to the cat?

Have you ever had to find another home for a pet because of a child? Please explain:

**Please provide the following information about your pets (if any) and your home:**

**Your dogs:**

How many dogs do you have? \_\_\_\_\_

Breed/mix: \_\_\_\_\_ Ages : \_\_\_\_\_

Do they get along with cats? Yes No

If none, have you owned any dogs in the last 10 years? Yes No What happened to them?

Have your dogs been spayed/neutered?  Yes  No      Are they up to date on vaccines?  Yes  No

If not, why?

Where do your dogs stay when you are not home?

**Your cats:**

How many cats do you have? \_\_\_\_\_ Ages \_\_\_\_\_

Do they get along with dogs? Yes No

Do they get along with other cats? Yes No

If none, have you owned any cats in the last 10 years? Yes No What happened to them?

Have your cats been spayed/neutered?  Yes  No Are they up to date on vaccines?  Yes  No

If not, why?

Where does your cat stay when you are not home?

**Your home:**

Number of adults? \_\_\_\_\_  Own  Rent If you rent, do you have written permission from your landlord to have a cat or a dog?  Yes  No

Landlord's name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Is it an  apartment  duplex  townhouse  single house  mobile home  other

Do you have a fenced yard?

Type of fencing

Where will your pet stay when you are not home?

Where will your pet stay at night?

When you travel, what accommodations will you make for your pet?

How long will your pet be left alone?

**Home visit.** I/we agree to allow you to visit my/our home by appointment as part of our application or your follow-up process.  Yes  No

**Application Information.** All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise you promptly.  Yes  No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date