

Randolph Animal Hospital

400 South Main Street, Randolph, MA 02368
Phone : (781) 963-2298 • Fax : (781) 961-5247

Our adoption fee is \$250 per pet.

Pets available for adoption in our facility are neutered, spayed, vaccinated, microchipped, and in good health condition.

Please fill out all sections completely.

Please allow us 3 to 4 business days to proceed.

We will call or e-mail you with the result of your application.

When you have completed the form, please return by mail, fax, or simply leave it at our front desk.

APPLICATION FOR PET ADOPTION

FOR OFFICE USE ONLY

Application filled out on: _____

Vet called: _____ Landlord: _____

Approved: **YES** or **NO**

Picked up on: _____

Microchip number: _____

You are interested in? _____

Applicant's Full Name: _____

Applicant's Address: _____

Home phone number or Cell phone number: _____

Applicant's Email Address: _____

Name of Applicant's Veterinarian: _____

Veterinarian's Address and Phone: _____

1. Why do you want to bring a new pet into your home? _____

2. Is this dog/cat going to be a gift? YES NO

3. Have you had pets in the past? YES NO

4. If yes, do you still have that pet? YES NO

5. What happened to you last dog/cat? _____

6. During the last two years, have you lost a pet (not through death)? YES NO

7. During the last two years has a pet of yours been poisoned? YES NO

8. During the last two years, has a pet of yours been killed or injured by a vehicle? YES NO

9. Would you allow a dog to ride loose in the bed of a truck? YES NO

CONTINUED ON NEXT PAGE

10. Would you allow a cat to be outdoors? YES NO

11. Have you had a pet die due to disease? YES NO

What disease? _____

12. Would you leave a dog unattended in the yard? YES NO

13. Do you have any other animals? List type, age, & sex: _____

14. Do you have children at home? Specify number and ages: _____

15. Do you live in a house, apartment, condominium, or trailer? YES NO

16. Do you rent, or own? RENT OWN

17. If you rent, do you have the landlord's permission to keep a dog/cat? YES NO

Please specify and leave their name and phone number. _____

18. Do you have a yard and is it completely fenced in? YES NO

19. What type of fencing do you have and how tall is it? _____

20. Do all family members work? YES NO

If so, is someone home during the day? YES NO

21. What provisions will be made for your dog/cat if no one is home during the day?

22. Do you intend to keep this dog/cat primarily indoors, basement, outdoors or other?

Please specify details. _____

23. Would you consider expanding on these preferences? How long have you been looking for a pet? Where have you looked previously? _____

24. Do any members of your household fear animals? Please specify details.

25. If yes, how will you manage the transition of a new pet into the home? _____

26. Will you assume the financial responsibilities of caring for an animal, including inoculations, veterinary care, good quality food, licensing, etc.?

27. Are you planning to change residence in the near future? Specify. _____

28. Are you familiar with the animal laws and regulations in your area? _____

29. Do you understand that any animal that you may adopt through Randolph Animal Hospital will be spayed/neutered and vaccinated? You are then responsible for keeping your pet healthy and up to date on vaccines.

30. If recommended, will you take obedience or agility training classes with your dog?

I, _____ (print name), am in full agreement with Randolph Animal Hospital Terms of Adoption Application above. If approved to adopt Randolph Animal Hospital cat or dog, the Adopter(s) must sign and comply with the Randolph Animal Hospital Adoption Contract. I understand and agree that falsification of any of the above information is grounds to disqualify my adoption applicant and nullify all adoption(s) and/or adoption agreements made thereunder.

Signature of Applicant: _____ Date: _____

After filling out this form please fax it to us at 781-961-5247 or mail or bring it into the hospital.