



# Town of Mountainair Adoption Application

Date	Pet's ID #	Sex	Description
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## Identification

Name	
Street Address	
City	State & Zip
Home Phone	Cell Phone
E-mail Address	

## Employment

Employer	
Position	How Long?
Business Phone Number	

## Housing

<input type="checkbox"/> Rent	Landlord's Name
	Landlord's Phone No.
	Are pet's allowed?
<input type="checkbox"/> Own	Length of time at current residence?

## Household Members

Number of ADULTS in household	
Number of CHILDREN in household	Ages
Roommate/Spouse's Name	
Are any members of your household allergic to cats?	
Are any members of your household allergic to dogs?	

## Prior Pet History

List the animals by name that have been part of your family during the last 10 years. Indicate the status of each using the following codes

0 Still with me	3 Lost/ran away	6 Euthanized
1 Dead	4 Sold	7 Sold
2 Gave away	5 Gave to Shelter	8 Unknown

Pet's Name	Species	Status
	Cat Dog Other	
	Cat Dog Other	
	Cat Dog Other	
	Cat Dog Other	
	Cat Dog Other	
	Cat Dog Other	
	Cat Dog Other	

Are your current pets:	Yes	No
• Up-to-date on vaccines?	<input type="checkbox"/>	<input type="checkbox"/>
• Spayed or neutered?	<input type="checkbox"/>	<input type="checkbox"/>
• On heartworm preventative?	<input type="checkbox"/>	<input type="checkbox"/>

Veterinarian's Name or Practice
Veterinarian's Phone Number

Where will this pet spend most of its time? crate indoors outdoors garage basement
Where will pet stay when you are away on vacation? _____

By my signature below, I authorize Town of Mountainair to contact:

- My veterinarian(s) to check the care provided to previously and/or current pets, and to check the spay/neuter history;
- My landlord to ensure that I have his/her/its permission to keep (pets) on the premises; and
- My employer to confirm employment

I certify that the statements made on this application are true and accurate to the best of my knowledge. I understand that false statements by me may lead to the rejection of this application for adoption.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# OFFICIAL USE ONLY

ID Check

Landlord Check

Vet Check

Comments

Approved

Conditional Approval

Denied

By \_\_\_\_\_ Date \_\_\_\_\_