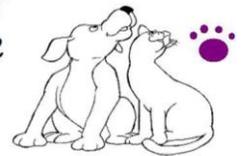


Adoption Application

Precious Pets
Adoption League

Because all lives are precious...



ppal2011@yahoo.com

586.405.5741

YOUR NAME _____ TODAY'S DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

EMPLOYER _____ WORK PHONE _____

EMPLOYER ADDRESS _____ CITY _____

1. What are you interested in adopting? ___Cat ___Kitten ___Dog ___Puppy ___Other
2. Why do you want a pet? _____
3. Do you have any preferences as to breed, type, sex, age, size, length of hair, etc.? Please explain: _____

4. Is this your first experience with a pet? ___Yes ___No
5. What will you do if your new pet does not get along with the other pets in your household? _____

6. What will you do if you become, for whatever reason, unable to keep your new pet? _____

7. Please list the pets currently in your household:

NAME	TYPE OF ANIMAL	SPAYED/NEUTERED (YES OR NO)	INDOORS OR OUT?	MALE OR FEMALE?	AGE

8. Please list the pets you have owned in the past 10 years [other than those listed above]:

TYPE OF ANIMAL	INDOORS OR OUT?	SPAYED/NEUTERED (YES OR NO)	TIME OWNED	WHAT HAPPENED TO PET?

9. Who is your veterinarian? _____ Veterinarian's phone number _____

10. Do you currently live in a:

House Apartment Condo Townhouse Mobile Home Duplex Other

11. If you live in a condo, townhouse, duplex or mobile home, what restrictions on pets do the condo association or mobile home park have (i.e., ban or limit on the number of dogs/cats, limit on the size of dogs, ban on certain breeds)?

11. Do you: Own Rent; and if you rent, does your lease allow pets? Yes No

12. [If you rent] Your landlord's name _____ Landlord's phone number _____

13. How long have you lived at the above address? _____

14. How many people live in your household? _____ What are the ages of the children? _____

15. Do all of the adults know that you plan to adopt a pet and approve of it? Yes No

17. What will you do with the pet if YOU [or your significant other] become pregnant? Please explain: _____

18. Do you or does anyone in your household have any known allergies to animals? _____; if yes, what kind(s) of animals and how severe is the allergy? _____

19. Who will be responsible for the care of this pet? _____

20. Where will this pet be kept during the day? _____ At night? _____

21. How many hours will this pet spend alone without human companionship? _____

22. Where will this pet be kept when home alone? _____

23. Do you want this pet for a (check all that apply):

House pet Mouser Breeder Companion Gift Watch dog

Guard dog Company for other pet Other (explain): _____

24. How would your dog or cat [if allowed outside] be secured in your yard? Kennel [with secure top] Fence

Tie out Walked out on a leash "Invisible" fence Other/N/A

25. If you have a fenced in yard, what type is it and how tall is it? _____

26. [If adopting cat] Under what circumstances would this cat be allowed outdoors? _____

27. [If adopting cat] Do you plan on having your cat declawed? Yes No

28. [If adopting cat] What will you do if your cat claws furniture or shows other destructive behavior? _____

I attest that my answers on this application are truthful. I further understand that providing false information here would constitute grounds for PPAL to void the adoption contract and take the animal back, plus I would forfeit the adoption fee.

Sign Name

Date