

Animal Network – Adoption Application

The following information is requested so that we can assist you in the selection of a new pet. This form and a consultation with an Animal Network representative are designed to help you find the pet most compatible with your lifestyle.

Name: _____ Valid Driver's Lic # _____ State: _____

Type of Animal (Breed, Size, Age): _____

Reason for adopting a pet? _____

Address	City	State	Zip	Own/Rent

Primary Telephone	Email Address	Alternate Telephone

Existing Pets

Pet	Dog	Cat	Age	M/F	Spay Neuter	Vaccines Current	Chip	Breed/Size	Comments or additional info
1									
2									
3									
4									

Number of Children in Household: _____ Ages: _____

Name of your veterinarian _____

Where will this pet be kept during the day/night? _____

How many hours each day are you away from your home? _____

Do you have a fenced yard? If yes, how high is the fence? _____

Have you had any other pets in the last five years that are not listed above? What happened to them? _____

If renting, do you have landlord's approval? _____ Breed/Size Restrictions? _____

Signature: _____ Date: _____

Adoption Donation Amount \$ _____ Cash – Check – Charge To: _____



Animal Network
 (702) 582-7534
 AnimalNetwork.LV@gmail.com
www.petfinder.com/shelters/NV163.html

