



P. O. Box 1015  
Woodland, WA 98674  
Ph: (360) 624-8953

### Adoption Application/Contract

Pet's Name \_\_\_\_\_ Description \_\_\_\_\_

Reason for wanting this particular pet \_\_\_\_\_  
\_\_\_\_\_

**Applicant** \_\_\_\_\_ Ph (d) \_\_\_\_\_ (e) \_\_\_\_\_

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

E-Mail \_\_\_\_\_ Your Occupation \_\_\_\_\_

Household Members \_\_\_\_\_ # Children \_\_\_\_\_ Ages \_\_\_\_\_

How long at this address? \_\_\_\_\_ Rent \_\_\_ Own \_\_\_ Fenced \_\_\_\_\_

Current pets in household \_\_\_\_\_ Dog(s) \_\_\_\_\_ Cat(s) \_\_\_\_\_

All Spayed/Neutered? \_\_\_\_\_ Shots Current \_\_\_\_\_

Are your pets indoor only? \_\_\_ Outdoor only? \_\_\_ Indoor/Outdoor? \_\_\_

If both, how much time is spent outdoors? \_\_\_\_\_

**Landlord** (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

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

**Veterinarian** \_\_\_\_\_ Phone \_\_\_\_\_

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

Have you had pets in the past, if so, where are they now? \_\_\_\_\_

**References (List 3 & include complete addresses & phone numbers)**

Name/Relationship \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Name/Relationship \_\_\_\_\_

**Please read the following and sign below**

I agree to allow a home inspection by a Pet Aid of Washington representative prior to delivery of an animal. I also agree to provide any additional required vaccinations.

I certify that the above information is true. I also understand that giving false information on this application is grounds for denying my application. This application remains the property of Pet Aid of Washington.

Applicant's Signature \_\_\_\_\_

Drivers License/ID # \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Animal Name \_\_\_\_\_ Code # (if any) \_\_\_\_\_

Adoption Counselor \_\_\_\_\_

Applicant's Address Verification \_\_\_\_\_

Home Inspection Done \_\_\_\_\_

Adoption Approved On/By \_\_\_\_\_