

Compassion First
P.O. Box 2401 - Tupelo, MS 38803
Phone: 662-842-4029

ANIMAL ADOPTION REQUEST

Date: ____/____/____

Name: _____

Address: _____

Telephone (include area code) (H) _____ (W) _____

Directions to the address where the animal will live:

What animal are you interested in adopting? _____

Please check the reason you want to adopt an animal:

Companion

Guard Dog

Gift

To Breed

Personal Protection

For Child

Other (Please describe): _____

Is someone home during the day? _____ During what hours? _____

Who will be responsible for this animal? _____

Who will be responsible for housebreaking an untrained animal? _____

Do you own your own home? _____ Rent? _____ Live with parents? _____

Is your residence a house? _____ Townhouse? _____ Apartment? _____

If renting, landlord's name and phone number: _____

How many children live in your home? _____ List ages _____

Does any member of your family have allergies to animals? _____

When you go on vacation, who will care for your dog? _____

Do you anticipate moving soon? _____

Are you military? _____

If you move, what will you do with your animal? _____

What types of pets have you owned in the last five years?

Type of animal Sex(M/F) Age Neutered(Y/N) What happened to it?

Do you have a veterinarian now? _____ Vet's name _____

How much do you think it will cost to take care of this animal each year?
(Consider the cost of veterinary care, food, grooming, licensing, etc)

Have you adopted from us before? _____

Do you have a fenced-in yard? _____ Fence height _____ Type _____

Where will the dog sleep? _____ and stay when away during the day? _____

How will the dog be confined when outdoors? _____

We require that all dogs adopted be spayed or neutered. Do you have any questions or reservations about this? _____

Do you understand that all animals will require a series of vaccinations and that adults will need an annual vaccinations, including rabies? _____

Signature _____

Rev. 03/03