

Adoption Application



Thundering Paws
512 402 9725
www.thunderingpaws.org

Date:

Name:

Address:

City/State/Zip:

Email:

Daytime Phone:

Evening/Cell Phone:

How did you learn about Thundering Paws?

Desired Pet Information

Are you interested in a specific animal(s)? Which one(s)?

Why do you wish to adopt a pet? *Check all that apply.*

- Companion
- Companion for another pet
- House pet
- Office pet
- Barn pet
- Mouser
- Other

Please specify:

What traits do you look for in a pet?

What traits don't you want in a pet?

Pet Ownership History

What other pets have you owned? *Include name and species.*

What is the current status of these pets? *Are they still with you? If not, please explain.*

Are your current pets...? *Check all that apply.*

- Spayed and neutered
- Current on all vaccinations

If any are cats, are your current pets...? *Check all that apply.*

- Tested for feline leukemia
- Tested for FIV (feline immunodeficiency virus)
- Declawed

Would you like to provide additional details regarding the last two questions?

Have you ever needed to take an animal to a shelter? *Please explain.*

Household Information

How many adults?

How many children? *Please include ages.*

Is anyone allergic to...? *Check all that apply.*

- Cats
- Dogs
- Rabbits

Do you own or rent your home?

- Own Rent Landlord's name and phone:

Do you allow smoking inside your home?

- Yes No

Does your home have a pet door?

- Yes No

Pet Care Information

Will your new pet live...?

- Indoors Outdoors Both

Will you declaw your pet?

- Yes No

Will you keep vaccinations up-to-date?

- Yes No

Who will care for your pet when you are away from home?

What will happen to your pet if you move?

Who will care for your pet if you are unable to?

Please provide your vet's name and phone:

May we visit your pet to followup? *We would notify you in advance.*

- Yes No

Please share any additional information, questions, or comments you have: