



Marilyn Teres
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Adoption Screening Application

Date: _____

Name: _____

Address: _____ Apt: _____

City/State: _____ Zip Code: _____

Home Telephone: (_____) _____ E-mail Address: _____

Date of Birth: _____

Type of pet you are looking for (circle all): Puppy - Dog – Kitten - Cat / Small ~ Medium ~ Large

Other specific requests: _____

PERSONAL REFERENCES:

A. _____ Home: (____) _____ Work: (____) _____

B. _____ Home: (____) _____ Work: (____) _____

Name address and phone number of parent or guardian:

EMPLOYMENT INFORMATION:

1. Are you employed? Yes ~ No Occupation? _____

2. Name of Employer: _____

3. Address of Employer: _____

4. City/State: _____ Zip Code: _____

5. Business Telephone: (____) _____ Fax Number: (____) _____

N.Y. Pet-I-Care Adoption Application-2

6. Daily/Nightly Work Hours? _____

PERSONAL INFORMATION:

1. Are you 18 years of age or older? Yes ~ No

2. Who will be the primary person responsible for this pets care? _____

3. Do you live in an: Apartment ~ House ~ Townhouse ~ Condominium ~ City ~ Suburbs

4. Are animals allowed in your dwelling? Yes ~ No ~ Not Sure

5. Do you own or have an animal at this time? Yes ~ No

If Yes, how many? _____

What kind? _____

How long have you had these animals? _____

Are they spayed or neutered? Yes ~ No

6. Have you ever owned or had an animal before? Yes ~ No

If Yes, how long did you have them? _____

Were these animals spayed or neutered? Yes ~ No

What happened to these animals? (Explain below)

7. Have you ever adopted an animal from NY Pet-I-Care before? Yes ~ No

If Yes, where are these animals now? _____

8. Do you or any member of your family have allergies to animals? Yes ~ No

9. Are there children in your home? Yes ~ No

If Yes, what are their ages? _____

10. Do you travel for business or vacation? Yes ~ No

If Yes, who will provide for your animals while you are away? _____

11. If you share a dwelling with others are they all in agreement concerning the adoption of an animal with all its responsibilities? Yes ~ No ~ Not Sure

12. Do you have a private veterinarian? Yes ~ No

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If Yes, please provide the following:

Veterinarians Name: _____

Address: _____

Phone Number: (____)_____ Fax Number: (____)_____

- 13. Have you considered the daily expenses for maintaining an animal? Yes ~ No
(medical expenses, food, grooming, boarding, walkers, etc.)
- 14. Are you familiar with humane procedures for housebreaking? Yes ~ No
- 15. If a behavior problem arises, are you prepared to invest the time and expense for professional training? Yes ~ No
- 16. Do you have screens on your windows? Yes ~ No
- 17. How did you hear about New York Pet-I-Care? (Explain below)

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N.Y. Pet-I-Care reserves the right to refuse any adoption

Signature of Adopter: _____ **Date:** _____

Identification with current address (drivers license, photo identification, phone/electric bill) is required before adoption is finalized:

(For NY Pet-I-Care Use Only)