

Pet Adoption Application
Turtle Creek Veterinary Medical Center
5900 Jack Finney Blvd.
Greenville, TX 75402
(903)-454-6222
www.turtlecreekvmc.com

Pet you are applying for: _____ **DOG CAT (circle)**
How did you see the adoptable pet? CLINIC PETFINDER FACEBOOK (circle)

Applicant Information

First Name: _____ Last Name: _____

Full Address: _____

This address is a: **HOUSE APARTMENT (circle)**

If Apartment, Apartment Complex Name: _____

Occupation & Employer: _____

How many hours a day are you gone from home?: _____

Drivers License Number & State : _____

Phone Number: (_____) _____ **HOME CELL WORK (circle)**

Alternate Number: (_____) _____ **HOME CELL WORK (circle)**

Email Address: _____

Social Media usernames (example: @turtlecreekvmc): _____

Household Information:

Number of Adults in household: _____

Relationship to you: _____

Number of children in household: _____ Ages of children: _____

Have the children had pets before? Y N (circle)

Do you expect your current family/housing situation to change? Y N (circle)

If yes, please explain: _____

Is anyone in the household allergic to pets? Y N (circle)

If yes, please explain: _____

How long have you lived at your current residence: _____

How long do you plan on staying at your current residence?: _____

Will others be handling or caring for this pet?: _____

If something should happen to you, who would take responsibility for this pet?: _____

Current Pets:

Have you ever adopted from Turtle Creek Veterinary Medical Center? Y N (circle)

Have you ever moved from one residence to another without taking your pet? Y N (circle)

If yes, please explain: _____

Do you have any other pets? Y N (circle)

If yes: How many cats? _____ How many dogs? _____

Ages: _____

How long have you had your other pets? _____

Other pets/livestock: _____

CONTINUED ON BACK

Are your other pets spayed or neutered? Y N (circle)

If no, please explain: _____

Are all vaccinations current on these pets? Y N (circle)

If no, please explain: _____

Are all of your pets on heartworm prevention? Y N (circle)

If no, please explain: _____

Are all of your pets on flea/tick prevention? Y N (circle)

If no, please explain: _____

Who is your regular veterinarian? _____

Clinic Name: _____

Clinic Phone Number: _____

Have you had any other pets in your adult life that are not listed on this application? Y N (circle)

If yes, how long did you have them and what happened to them? : _____

New Pet Information:

Are you able to afford a bill of \$200-\$800 (or more) for emergency veterinary care? Y N (circle)

If no, please explain: _____

How much do you expect to spend on maintenance for your new pet in 1 year?: _____

This pet will stay: **INSIDE ONLY** **OUTSIDE ONLY (circle)**

Where will this pet be while you are gone during the day?: _____

Where will the pet stay when you are traveling?: _____

List three behaviors that, in your household, would result in correction of the pet: _____

How do you plan to correct the pet if it does something wrong?: _____

All potential new owners will be screened to ensure that our adoptable pets find the perfect match for their new home. This is an adoption application, not a contract and is not a guarantee of adoption of the pet requested.

Signature of Applicant: _____ Date: _____



Office Use Only

Adoption Counselor: _____

APPROVED: Y N

Date: _____

Comments: _____
