Turtle Creek
Veterinary Medical Center

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

Pet Adoption Application

Pet you are applying for: _____ **DOG CAT (circle one)**

Applicant Information:

Last Name: _____ First Name: _____
Address: _____
Street *City* *State* *Postal Code*
Phone Number: (_____) _____ **HOME CELL WORK (CIRCLE ONE)**
Alternate Number: (_____) _____ **HOME CELL WORK (CIRCLE ONE)**
Email Address: _____

Family/Household Information:

Number of Adults in household: _____ Relationships: _____
Number of children in household: _____ Ages of children: _____
Have the children had pets before? Y N
Do you expect your current family situation to change? Y N If yes, please explain: _____
_____
Is anyone in the household allergic to pets? _____

Pet Information:

Do you have any other pets? Y N How many cats?_____ How many dogs?_____
Other pets or livestock: _____
Are all pets spayed or neutered? Y N If no, please explain: _____
_____
Are all vaccinations current on these pets? Y N If no, please explain: _____
_____
Who is your regular veterinarian? _____

New Pet Information:

Are you able to afford a bill of $200 - $800 (or more) for emergency veterinary care? Y N
How much do you expect to spend on maintenance for your new pet in a year? _____
Reason for wanting to adopt: _____
_____

Please read:
All potential new owners will be screened to ensure that our adoptable pets find the perfect owner 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: _____

For Office Use Only:

Adoption Counselor: _____ ***APPROVED: Y N*** ***Date:*** _____ ***Comments:*** _____
_____