

Austin Vet Outreach and Rescue
PET Adoption Application

Name of Dog/cat _____ ID Number _____ Date _____
Applicant _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ Cell/Other _____ Email _____
How long have you lived at this address? _____ Own/Rent _____
Landlord's Name _____ Landlord's # _____
Place of Employment _____ Work Phone _____

Reasons you'd like to adopt a pet? _____
Are you at least 21 years old? _____ Who will be responsible for this pet? _____
Are there children in the home? _____ Names/Ages _____
Does any family member have allergies? _____
Are there other pets in the home? _____ Dog(s) _____ Cat(s) _____

What energy level are you looking for in a pet? (1-10) _____
Will this pet be kept inside, outside or both? _____
Where will this pet sleep at night? _____
What is your estimated budget for animal care? (Vets, food, supplies) _____
How many hours per day will this pet be left unattended? _____
Where will this pet be kept when you travel? _____
Do you have any plans of moving in the next 2 years? _____
Describe circumstances where you (have or would) give up a pet _____

What happened to the pets you no longer have? _____

Who is your veterinarian? _____ Phone _____

I give AVOR and/or their volunteers/representitives permission to call my landlord and/or my veterinarian.

Applicant's Signature _____

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