



1133 S. Fort Thomas Ave, Fort Thomas, KY 859-781-7387

ADOPTION APPLICATION

DATE: _____

NAME: _____

ADDRESS: STREET _____ CITY _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

HOME INFORMATION:

How long have you lived at your current address? _____

What kind of home do you live in? ____ House ____ Condo ____ Mobile Home ____ Apartment

Do you rent or own your own home? ____ Own your home ____ Rent*

If you currently rent, please list the name, address and phone number of your landlord:

Landlord Name: _____

Landlord Address: _____

Landlord Phone Number: _____

Does your landlord allow pets? ____ Yes ____ No

If yes, are there size, weight or breed restrictions? ____ Yes ____ No

*Adoptions to renters are subject to landlord approval before adoption can be finalized.

FAMILY INFORMATION:

Do you have children? ____ Yes ____ No

If yes, how many children do you have? ____ How old are your children? _____

How many adults live in your household? _____

Is anyone in the household allergic to pets? ____ Yes ____ No ____ Unknown



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EMPLOYMENT INFORMATION:

Employer: _____ Job Title: _____

Address: _____ City: _____

How long have you been with this employer? _____ Work Phone: _____

PET INFORMATION:

How many cats do you presently own? _____ How old are the cats? _____

How many dogs do you presently own? _____ How old are the dogs? _____

Are your pet's vaccinations current? _____ Yes _____ No

Veterinarian name: _____

Do you keep your pet(s) outside? _____ Yes _____ No

Do you have a fenced backyard with adequate shelter from the sun and rain? _____ Yes _____ No
If Yes, what type of fence is it (wood, metal) and how high is it? _____

Where will you keep your new adopted pet(s): _____ Inside _____ Outside

REFERENCES:

Please provide the names of two (2) local references:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

THE ADOPTION OF A PET IS A SERIOUS MATTER! PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL EACH ITEM. ALSO, SIGN AND DATE BELOW:

_____ I certify, to the best of my knowledge, that the information provided on my application is accurate and true.

_____ The pet(s) I am adopting is/are for my own family.



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_____ I understand that a field investigation may be required BEFORE approval of my application. I further understand that the animal I wish to adopt today may no longer be available for adoption when my application is approved.

_____ I understand that my Application for Adoption may be denied by Ft. Thomas Animal Hospital

_____ I understand that my application will be held on file for 90 days.

_____ I have an understanding of the requirements and responsibility of pet ownership.

_____ I agree to allow Ft. Thomas Animal Hospital -- at any time within one year of this adoption -- to investigate the premises where my adopted pet will be kept.

_____ I understand that at any time during a premises investigation, Ft. Thomas Animal Hospital may reclaim my adopted pet if staff determines that the animal is not being cared for.

_____ I agree to hold harmless Ft. Thomas Animal Hospital from any and all liability, damages, debts, costs or expenses incurred during my possession of the adopted pet.

_____ I understand that if I place a deposit on an animal, I will have 48 hours from the time I am contacted by Ft. Thomas Animal Hospital to pick up the animal. If I do not make contact within 48 hours, Ft. Thomas Animal Hospital will contact the second adopter and my right of first adoption will be forfeited.

_____ I understand that Ft. Thomas Animal Hospital has a 14- day return policy. Refunds on cash transactions may take 6-8 weeks to be received. No refunds will be issued after the expiration of 14 days from the date of the adoption.

Signature: _____ Date: _____

TO BE COMPLETED BY ANIMAL CARE PERSONNEL ONLY

Address Verification: _____ Driver's License No: _____ State: _____

Driver's License Date of Expiration: _____

Field Investigation: _____ Required _____ Not Required

Application: _____ Approved _____ Not Approved



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Approved by FTAH STAFF MEMBER: (PRINT NAME) _____

If not approved, please state reason: _____