



Lake Haven Pet Adoption Application

Application Instructions

Please fill out the application below. Only those applications that are completely filled out are able to be processed. **Applicants must be 18 years of age or older and the head of a household.**

In the event that multiple applications are submitted for the same pet, we review each approved application and try to match the best home with the pet's specific needs. If the pet has already been adopted, we may suggest other pets we feel would be a good fit.

Veterinary Release of Information

This application asks you to provide veterinarian contact information. Before filling out an application, we ask that you contact your current or most recent veterinarian and request a "release of information" to Lake Haven. Doing so authorizes your vet to talk to us. We are unable to process applications without speaking to your current or most recent vet. *If you are applying for your first pet and have no vet contact information, please indicate so on the application.*

Application Intent

What are your intentions for filling out this application?

- I would like to MEET a pet for potential adoption
 I have already met my pet of choice and am READY TO COMMIT

Name of pet you are interested in adopting: _____

Contact Information

Please provide the following contact information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Email Address: _____

Housing Accommodations

Please list all people living in the household... include names, ages and relationship to applicant.



Do you own your current home? Yes No

What type of home are you currently living in? (Note - living in an apartment, mobile home or condo WILL NOT disqualify you from adopting a pet as long as you are available to meet that pet's individual needs.) House Apartment Condo Mobile home

IF RENTING, please describe any restrictions on pets... size, breed, (declawed) cats, etc.

How long have you been renting? (approximate years, months) _____

Employment Information

Are YOU currently employed?

Yes No

IF YES, list your current employer and how many years you have been employed.

If there is another adult head of household, is that person currently employed?

Yes No

IF YES, list current employer and how many years they have been employed.

Pet Accommodations

Where will your new pet stay when you are away?

How many hours a day do you anticipate your pet being home alone? _____

Where will your new pet sleep at night? _____



If you are applying for a DOG or PUPPY:

How will the dog be let out to relieve itself? (Select all that apply)

- Fenced yard Leash walk Free roam Tie out cable Kennel run
 Loose with supervision Other (please explain below)

IF "OTHER" above, please explain.

Are you familiar with crate training? Yes No

Do you intend to use a crate? Yes No

Do you currently have a crate? Yes No

If you are applying for a CAT, will the cat be allowed outdoors?

- Never Yes Overnight As it wishes

Current/Previous Pets

Please list all pets currently living in your home. Include name, breed, age, and how long you have had them.

Please list all pets you have previously owned. Include name, breed, and why you no longer have them.

Are your current pets spayed/neutered? Yes No

Are your current pets up-to-date on vaccinations? Yes No

If you currently have dogs, have they been heartworm tested? Yes No

If you currently have dogs, are they on heartworm prevention? Yes No

If your answer to the previous questions for any of your current pets was "No", please explain.



Veterinarian Information

Please provide the following veterinarian information. *(REQUIRED: Make sure you have contacted your current vet and requested a "release of information" to Lake Haven before submitting this application. This authorizes your vet to talk to us. We are unable to process applications without speaking to your current or most recent vet.)*

Veterinarian's Name: _____ Hospital/Clinic Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

If you have used any other veterinarian, please list names and phone numbers below. Include which pets they treated.

Additional Considerations

Please share additional comments or considerations that you would like us to know: