



Compassionate Companion Care  
204 Hendy Creek Rd.  
Pine City, NY 14871  
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### ANIMAL ADOPTION APPLICATION

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Animal You Wish to Adopt: \_\_\_\_\_

Species (check one):  Cat  Dog Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Gender (check one):  Male  Female

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

Housing type (check one):  Private House  Apartment  Mobile Home

Other – Please explain: \_\_\_\_\_

Occupation: \_\_\_\_\_

How many hours are you away from home? \_\_\_\_\_

Landlord: \_\_\_\_\_

Landlord Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you have a fenced yard?  Yes  No

Number of adults in your household: \_\_\_\_\_

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

List current pets by name and breed:

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How long owned? \_\_\_\_\_

Will the adopted pet be  indoor only  outdoor only  indoor/outdoor

Have you owned a cat or dog before?  YES (How long? \_\_\_\_\_)  NO

Have all your past or present animals been spayed or neutered?  YES  NO

Are your pets current on vaccinations?  YES  NO

Have you ever surrendered a pet to a shelter?  YES  NO

If so, what were the circumstances? \_\_\_\_\_

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Who was/is your veterinarian? \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

**Personal References:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Tel:(\_\_\_\_) \_\_\_\_ - \_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Tel:(\_\_\_\_) \_\_\_\_ - \_\_\_\_

I certify that I have answer the above questions honestly and to the best of my ability. I understand that my answers will be verified. I further understand that completion of an adoption application is not a guarantee of adoption.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date