



COYNE VETERINARY CENTER ADOPTION APPLICATION

COYNE VETERINARY CENTER
10801 WICKER AVE
ST. JOHN IN, 46373
(219)-627-2364

Date: _____
Pets Name: _____
Breed: _____
Male Female Age: _____

Please Print Clearly

Applicant Information:

First Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zipcode: _____
Email: _____ Cell Phone: _____
Spouse/Other:
First Name: _____ Last Name: _____
Cell Phone: _____

References (please provide at least 2-3 people who do not live in household):

Name: _____ Cell Phone: _____
Name: _____ Cell Phone: _____
Name: _____ Cell Phone: _____

Employer Information:

Company: _____ Phone: _____
Address: _____
May we contact them if needed? Yes No

Veterinarian Clinic:

Name: _____ Phone: _____
Address: _____
Would the pet be going to this clinic? Yes No
Can we contact them for records? Yes No
Will you provide medical treatment / checkups for your pet? Yes No
Are you prepared to start your pet on heartworm prevention? Yes No
Are you aware that additional vaccinations/deworming may be necessary besides what is covered by the adoption fee? Yes No
Are you aware that Rabies is required by law? Yes No

Will you humanely care for this animal, comply with all laws, and provide adequate food, water, and shelter? Yes No

Are you prepared for possible emergencies: Yes No

Have you ever had to do a humane euthanasia before? Yes No

Household:

Number of adults in household: _____ Age ranges: _____

Number of children in household: _____ Age ranges: _____

Have you owned a pet before? Yes No ***If YES complete the following***

How many pets have you owned in the past 5yrs: _____ How many current pets do you have: _____

Please fill out the following

Species:	Name:	M or F	SF or NM	Current on Vax?	Breed	Age

Have your pets ever lived with another pet before: Yes No

Behavior shown at the clinic may not be what is shown at home, are you prepared to do a slow introduction between your new pet and current pet: Yes No

Are you okay with possible accidents in your home during the slow transition to taking a new pet home: Yes No

Do you rent or own: _____ House / Condo / Apartment / Townhouse

Are pets allowed? Yes No Are there size restrictions: _____

Is there a yard available: Yes No ***If yes please provide a picture or describe below***

If renting please provide the following information:

Landlords name: _____ Phone: _____

Company (if applicable): _____

May we contact them if needed? Yes No

Who will primarily be responsible for the pet? _____

How many hours will the pet be left alone: _____

Where will pet stay when left alone/ who will take care of the pet: _____

Do any members of the household have allergies? Yes No ***If yes please explain***

Describe your household (i.e. Calm, active, loud...) _____

Will the pet be an indoor or outdoor pet: _____

If outdoor please list how long they will be left outside: _____

Do you plan to take them indoors in extreme weather conditions: Yes No

If no explain:

What role will your pet play?

____ Companion/ Family Pet ____ Hunting ____ Protection ____ Dog Sports

____ Other (Explain) _____

Training:

Do you plan on training your pet: Yes No ***If yes please explain***

Have you ever rehomed a pet before: Yes No ***If yes please explain***

What traits would you not be able to tolerate in a new pet?

- | | | | |
|--------------------------|---------------------------|------------------------------------|----------------------|
| ____ Dominance | ____ Stubborn/Independent | ____ Aggressive | ____ Aloof |
| ____ Nervous/Shy | ____ Not house trained | ____ Submissive | ____ Over protective |
| ____ Escape artist | ____ Digging | ____ High energy | ____ Other (Explain) |
| ____ Shedding | ____ Jumping | ____ Noisy | |
| ____ Not crate trained | ____ Drooling | ____ Not good with other pets | |
| ____ Destructive Chewing | | ____ Plays too rough with children | |

(explain) _____

How would you solve the problem? _____

Do you believe a pet is a lifetime commitment? Yes No

In adopting this animal, you are accepting a commitment for the rest of this pet's lifetime. You are accepting this animal at your own risk, and from this date forward, any damages to persons or property and any/all financial obligations incurred through ownership of this animal are your responsibility.

I agree never to sell, give away, trade, relinquish or dispose of this animal. If I cannot or do not want to keep this animal, I will return it to Coyne Veterinary Center at my expense and without a refund.

In signing this agreement, I am certifying that this adoption questionnaire has been answered honestly to the best of my knowledge and I agree that **Coyne Veterinary Center has the right to repossess such animal without a refund if not satisfied with the condition of the animal, its surroundings, if false or misleading statements were made on this adoption application or it is discovered that animal neglect/ cruelty/ abandonment has been charged at any time against myself or my immediate family.**

If you have any future concerns or questions about your new pet, please contact our clinic.

Signature: _____

Co-Signer: _____



Congratulations on the adoption of your new pet! Please read through the terms and conditions of our adoption agreement. Initial all that apply and sign below.

_____ For **Puppies/Kittens Under 6 Months of age**- The adoption fee includes the 1st Distemper vaccine, 1st Influenza Bivalent, 1st Bordetella, Intestinal parasite exam, Deworming, 1 year Rabies, Microchip and Spay/Neuter. For kittens, Feline leukemia and FIV test is also included. All other vaccinations are the responsibility of the adopter.

_____ For **Adult Dogs/Cats**- The fee includes the following: Distemper, Bordetella, Influenza Bivalent, Intestinal parasite exam, Deworming, Microchip, Spay/Neuter, Heartworm test, feline Leukemia/FIV test. All other vaccinations, procedures and medications are the responsibility of the Adopter. **Rabies tag fee not included.**

_____ Any Health problems that occur within 7 days will be the responsibility of Coyne Vet Center. **After 7 days, any health concerns will be the adopter's responsibility**

_____ The **Spay/Neuter must be done by 6 months of age if not done prior to adoption.** If it is not completed in the allotted time, any fees associated with the spay/neuter will be the responsibility of the adopter. **Pets over 6 months** of age at the time of adoption must be spayed/neutered before leaving the hospital.

_____ Coyne Veterinary Center cannot guarantee the weight, breed/size, and or temperament of adopted pets. Therefore are not liable for any injury or damage of property.

_____ **Heartworm prevention is required** at the time of adoption:
Canine: 6 months of proheart/interceptor
Feline: 3 months of revolution

_____ Coyne Vet Center strives to place adoptable pets into the most loving homes possible. Therefore, to ensure that these pets will receive the appropriate amount of attention and medical care, the following criteria must be met by the adoptive homes: Proof must be shown that all pets within the

household are current on all recommended vaccinations, annual exams, heartworm testing, and have been spayed/neutered prior to adoption.