

**For Spoiled Pets Rescue
Pet Adoption Application
452 Carl Broggi Hwy
Lebanon, ME 04027
(207) 432-0029**

Name (First, Middle initial, Last) _____ Date of Birth _____

Spouse or partner's name _____ Date of Birth _____

Day phone _____ Evening phone _____

Street address _____

City, State, Zip _____

Do you: own your home _____ rent _____ Landlord's name _____

Landlords Phone _____ How long at current address? _____

If less than one (1) year, please show previous address: _____

Are you: working _____ attending school _____ retired _____ homemaker _____ other: _____

Employer's name: _____ Employer's phone: _____

What pet(s) have you owned in the past five (5) years? Pet's name

Breed/type of pet(s) _____ Age _____

Sex _____ Spayed _____ neutered _____ Do you still have this pet? _____

Who is/has been your veterinarian? _____ Veterinarian's phone _____

Veterinarian's address _____

Please list One (1) personal references (not related to you):

Name Address Phone

I certify that the information I have given is true, and I authorize For Spoiled Pets rescue, to contact veterinarians, landlords and references to investigate all statements in this application, and to do follow-up property checks if intended.

Signature: _____ Date: _____

Spouse/Partner/Roommate Signature: _____ Date: _____