

Animal Care Hospital of Reynoldsburg
7775 East Main Street Reynoldsburg, OH 43068
Phone: 614-864-0465
Email: animalcarehospital1@yahoo.com

Application for Adoption

Thank you for applying for one of our rescued friends. Please make sure to fill out the application completely and accurately. If you have any questions, please ask a staff member.

Date: _____ Email (required): _____

Name: _____

Street Address: _____ City: _____

Zip: _____ County: _____

Primary Phone# _____ Home Cell Work (circle one)

Secondary Phone# _____ Home Cell Work (circle one)

Which best describes your home: Own Rent (circle one) House Condo Apartment Farm (circle one)

If you rent, does your landlord allow pets? Yes No N/A (circle one)

Landlord Phone# _____

Job Title: _____ Place of Employment: _____

Current pets names, age, and species (cat or dog):

1.) _____

2.) _____

(Any additional pets can be added on back of paper)

Veterinarian: _____ Phone: _____

(If you do not currently have a pet you must provide your past vet's number)

Are you interested in a specific animal? Yes No If yes, then who _____

If not interested in a specific animal, what type? Cat Dog (circle one)

Female Male Don't know (circle one) Adult Baby Don't know (circle one)

How many hours will this pet be left alone during the day? _____

Is this pet going to be: Inside Outside Both (circle one)

Are you looking for a: Companion Child's Pet Family Pet Companion to Current Pet Barn Cat (circle one)

How many human members in your household? _____

Is anyone in your house allergic/asthmatic? _____

I declare that all above info is best to my knowledge and understand that my references will be checked.

Signature: _____ Date: _____