



Michigan Pet Rescue

(formerly PetRescue.Net)
(248) 439-1606
25514 John R Road
Madison Heights, MI 48071
www.PetRescueNet.org
e-mail: petrescuenet@gmail.com



PET ADOPTION APPLICATION

Name of pet in which you are particularly interested:

Type of pet in which you are interested: Dog Cat Puppy Kitten

Your Name: Phone Number: Date:

Street Address: City: State: Zip Code:

Why do you want to adopt a pet?

About your home: House Duplex Apt/Condo/Townhouse Mobile Home
 Own Rent If renting, does your lease allow pets? Yes No
 Backyard Standard Fencing Privacy Fencing Elec. Fence None

If renting, name & phone number for landlord

About your household:
Number of adults in home Ages of children
Do all of the adults know that you plan to adopt a pet? Yes No
Do you or anyone else in the household have allergies to animals? Yes No
Do you currently have pets in the home? Yes No

About the pet you would like to adopt:
Will this be your first pet? Yes No
If "Yes," what have you done to prepare yourself for pet ownership?

Please indicate any preference as to breed, sex, age, size, length of hair, etc.:

Who will be responsible for the care of this pet?

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How many hours a day will the pet spend alone without human companionship?

Where will the pet be kept

during the day?

at night?

When left alone at home?

What will you do if your new pet does not get along with the other pets in your home?

What will you do if, for any reason, you are unable to keep your new pet?

If interested in a dog or puppy, are you prepared to housetrain it? Yes No

Are you familiar with the leash and licensing laws in your community? Yes No

Are you comfortable with crating? Yes No

Do you know the risks of heartworm disease? Yes No

If interested in a cat or kitten, will it be allowed outdoors? Yes No

Are you knowledgeable on the subject of declawing? Yes No

Do you plan on declawing your cat/kitten? Yes No

About your current pets:

Name	Cat or Dog	Spayed or Neutered	Indoors/Outdoors or Both	Age

Other prior pets:

Cat or Dog	Spayed or Neutered	Time Owned	What happened to pet?

Have you ever given up a pet? Yes No If "Yes," please explain circumstances:

Name of your veterinarian:

Vet's Phone Number: