

Vegas Roots Rescue Adoption Application

Name _____

Address _____

City/State/Zip _____

Cell Phone _____ Secondary # _____

Email Address _____

Driver's License _____

I am interested in adopting: _____

Existing Pets

Pet	Dog	Cat	Age	M/F	Vaccines Current?	Breed	Size	Vet	Additional Comments
1									
2									
3									

Number of Residents _____ Ages _____

Do you Rent or Own _____ Type of Property _____

If applicable, does your HOA/Landlord allow animals? Are there restrictions? If so, with size or breed? _____

Do you have a fenced yard, if so, how tall is it? _____

Where will the animal be kept during the day/night? _____

How many hours a day will the animal be alone? _____

What would cause you to return an animal? _____

Signature _____ Date _____

