



Metro East Labrador Rescue Adoption Application

Answers on this application will help us make the best match possible for one of our homeless pets and you/your family.

Name: _____ Date: _____

Ph #1: _____ #2: _____

Address: _____

Email: _____

Employment: _____

___ Own ___ Rent/ Landlord's Name/Ph # _____

Why do you want a pet? _____

Have you owned dogs or cats in the past?(Y/N) ___ Dogs ___ Cats

How many pets do you have currently? ___ Dogs ___ Cats

Veterinarian: _____

Do you want an inside or an outside pet? ___ Inside ___ Outside

Does your yard have a fence? ___ Yes ___ No

How many people in household? ___ What are their ages? _____

Any pet allergies? ___ Yes, Dog ___ Yes, Cat ___ Yes, Both ___ No

What would the pet's general routine be? (Where would they be while you are sleeping, at work, etc.)

Daytime? _____

Evening? _____

Overnight? _____

How long would the pet be left alone on average? _____

Any concerns about owning a pet? (ie. Houstraining Chewing Basic Manners Shedding) _____

What type of pet are you looking for: Age _____ Color _____

M/F _____ Activity level? _____

Your lifestyle? _____

Hobbies? _____