

Name & Description of Pup	
Date:	

## **PUPS ADOPTION APPLICATION**

## www.TiggerTown.com

This form and a consultation with a TiggerTown representative are designed to help you find the pup most compatible with your lifestyle. Completion of this application does not guarantee adoption of a TiggerTown pup. Please answer the questions below as completely as possible.

## In order to be considered as an adopter you must:

1. Be 21 years of age or older. 2. Have a valid driver's license or other government-issued ID. 3. Have the knowledge and consent of your landlord if renting. 4. Be willing and able to provide proper care, training and medical treatment.

Name:					
Street Address:					
City:	State:	Zip:	Zip: Work		
Home phone:	Cell phone·				
Email address:					
Occupation:					
Employer Address:					
Number of Adults in Household	Number of Children	Ages of Children			
Are all the adults in your household av	vare that you are adopting a pup a	nd in agreement? yes	no		
Who will be the primary caregiver for y					
			-		
Do you own or rent your home?	Landiord's name & phon	e#			
Why do you want a pup?					
What qualities are you looking for in yo	our new pup?				
Which of the following behaviors would					
not good with children too active i			3 3 3		
How many hours each day will the pur	, ,				
, , , , , , , , , , , , , , , , , , ,	·	•			
Where will the pup be kept? Indoors	outdoors indoor/outdoor	barn other			
Do you have a dog or cat door leading	outside?				
s this your first pup? yes no					

If you presently have PUPS, please complete:

Pup's Name	Age	Gender	Spayed/ neutered?	Current on vaccines?	Tested for Heartworms?	Flea Prevention	What HW Prevention?

If you presently have CATS, p	lease complete:	:	ı				
Cat's Name		Breed	Age	Gender	Spayed/ neutered?	Current on vaccines?	
					ncutorcu:	vaccines:	
						1	
If you have <b>proviously</b> had so	omnanian anima	als places comple	to				
If you have <b>previously</b> had co		Breed		ars owned	What happened?		
_							
Name of your veterinarian				City/Town			
	صدال ما ما	16	ua La tra				
Have you ever turned a pet in	to a sheller?	ıı yes, ex	piain				
When you go on vacation/trav	el who will care	o for the nun?					
How much are you willing to s	pend on medica	al bills for your <b>pu</b> p	)?\	What would you	do if the bills g	o over this amount?	
Are you ready to take respons	sibility for this pu	ıp for the next 15-	20 years?				
What provisions will you make	e for the <b>pup</b> sho	ould you become	unable to care for i	t?			
Have you previously applied to	o adopt a dog o	r cat from <b>us</b> ?	lf yes,	when?	Explain:		
Have you ever relinquished or	returned a dog	or cat to us?	If yes, wher	ı?	_Explain:		
Are you willing to have a repre					·		
,			ū				
I certify that the information							
signing this application, I ar rehoming the pup and unde	•	•				jer rown prior to	
Tonoming and pup and and			тиот ино рир се и				
Prospective Adopter Signature	e:				[	Date:	
INTERVIEWERS, Please init	ial that you hav	ve discussed the	following topics:				
	k prevention	vaccine <b>s</b>	exercise needs		olicy fees	S	
	•	future expenses	potty training		vorm meds		
Ш	iculcul i ccolus/	Tataro experises	polly danning	ncaitv	TOTAL HIGUS		
Interviewer Approval:					Γ	Date:	
						· · · · <del></del>	