



BEST FRIENDS ANIMAL HOSPITAL
425 SMELTER AVE
GREAT FALLS, MT 59404
406-453-2200



APPLICANT INFORMATION

Name:		Email:					
Address:							
City:			State:		ZIP:		
Home Phone: ()			Work Phone: ()		Cell: ()		
Name and Ages of all household members:					Name of Employer:		
If you are interested in a particular pet, please enter its name here:					Why are you interested in this particular pet?		
Are all household members in favor of this adoption?				Is anyone in the household allergic to pets?			
Have you ever owned a dog/cat or small animal before?				Do you expect your current family situation to change?			
What type of dwelling do you live in?							
House	Apartment	Condo	Townhouse	W/Parent(s)	W/Friend(s)	Other:	
Do you own or rent?		Do you have a fenced yard?		If you rent, please provide landlord's name and phone number:			
		YES NO					
How tall is your fence?		What kind of fence?					
2 ft 4 ft 6 ft Other		Wood Vinyl Chain Link					
Kennel or Run:				Describe Area:			
How long have you lived there?				Do you plan on moving in the near future?			
If so, what will happen to the adopted animal?							
Have you ever had to relinquish or surrender an animal in the past?							
If so, please explain the circumstances:							

Please list all pets in household below

TYPE	BREED	AGE	SEX	SPAYED OR NEUTERED	CURRENT ON VACCINATIONS	DO YOU STILL OWN	IF NO, EXPLAIN



BEST FRIENDS ANIMAL HOSPITAL
425 SMELTER AVE
GREAT FALLS, MT 59404
406-453-2200



Are your current pets accepting of new animals coming into their home?

Why are you adopting (house pet, guard dog, companion (self or children), gift, agility, herding, obedience, tracking, therapy or assistance work, etc?)

Is someone home during the day? If not, how long will the adopted animal be left alone?

Where will the adopted animal sleep? How will he/she be confined?

Are you willing to attend obedience classes if needed?

DOGS: Rescued dogs may have a history of behavioral problems common to the breed or related to its previous owners. What experience do you have with dog training and/or working with dogs with behavioral issues (explain and specify methods used)

Would you allow a home visit?	Would you allow a post adoption follow-up (phone call or home visit)?
YES NO	YES NO

REFERENCES:
Please list two personal references who have known you for at least two years. (Only one family member).
Include name and phone number
******REFERENCES WILL BE CHECKED******

Name:	Phone:
-------	--------

Name:	Phone:
-------	--------

Veterinarian:	Address:	Phone:
---------------	----------	--------

I am in full agreement with the attached terms of adoption and understand that if I ever relinquish the said animal they must be returned to Best Friends Animal Hospital in Great Falls, Montana or their designated representative. By submitting this application, I am attesting to the truthfulness of my answers. I understand that falsification of any information given in this application or in any other medium will be grounds to disallow the adoption of a rescue animal/pet.

Submission of your application does not guarantee placement of a rescue animal/pet. I understand that a vet reference and a home visit may be required for adoption and that Best Friends Animal Hospital of Great Falls, Montana reserves the right to refuse any applicant for any reason.

APPLICANT SIGNATURE:	DATE:
----------------------	-------

OFFICE USE ONLY

Home check date:	Home check completed by:
------------------	--------------------------

Home check notes/issues:

Date References contacted:	References contacted by:
----------------------------	--------------------------

Approved for Adoption:	Signature:	Date:
YES NO		