



Bridges Professional Park Animal Hospital  
214 Commerce Ave.  
Morehead City, N.C. 28557

### Pet Adoption Application

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name (spouse) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Do you want a pet for: Companion \_\_\_\_\_ Guard \_\_\_\_\_  
Gift \_\_\_\_\_

Have you previously owned a pet? If so what?  
\_\_\_\_\_

Which pet are you applying for?

Dog \_\_\_\_\_ Cat \_\_\_\_\_

Do you own any other dogs \_\_\_\_\_ How many \_\_\_\_\_

Do you own any other cats \_\_\_\_\_ How many \_\_\_\_\_

Who is your current / most recent Veterinarian  
\_\_\_\_\_

Phone# \_\_\_\_\_ Address  
\_\_\_\_\_

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Who will be responsible for the care of this pet?

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Are there children in the house?

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Will the pet be: inside \_\_\_\_\_ outside \_\_\_\_\_ both \_\_\_\_\_

Do you have a yard \_\_\_\_\_ Is it fenced \_\_\_\_\_

Do you rent \_\_\_\_\_ Does your landlord allow pets

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Landlord's name and phone#

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Are you prepared to provide all necessary medical care, including mandatory rabies vaccination, yearly physical exam, and heartworm prevention ect...

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you agree to spay / neuter your pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you have sufficient time for training, exercising, grooming and playing with your new pet? Explain

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If I am approved for adoption of this pet I understand that I am taking full financial responsibility of this pet and agree to abide by all of the conditions for this pet. I also agree to have my new family member vaccinated and spay/neutered and kept on monthly heartworm prevention. I also understand that there is a placement fee which will be determined by the clinic.