



CITY OF SANTO TOMAS BATANGAS
CITY VETERINARIAN OFFICE
 Gov. Malvar St., Poblacion 1, City of Santo Tomas, Batangas 4234
 Tel No. (043) 784-8022 Local 202
 Email Address: cityvetstotomas@gmail.com



PET ADOPTION APPLICATION FORM

APPLICANT INFORMATION

FULLNAME: _____
 ADDRESS: _____
 PHONE: _____ EMAIL: _____
 BIRTHDATE: _____ OCCUPATION: _____
 COMPANY/BUSINESS NAME: _____
 SOCIAL MEDIA PROFILE: _____

STATUS

- Single
- Married
- Other

PRONOUN/S

- She/Her
- He/Him
- They/Them

What prompted you to adopt from City Veterinarian Office?

- Friends
- Social Media
- Website
- Other

Have you adopted from City Veterinarian Office before?

- Yes
- No

If the applicant is a minor, a parent or a guardian must be the alternate contact and co-sign the application.

ALTERNATE CONTACT

FULLNAME: _____
 RELATIONSHIP: _____ PHONE: _____
 EMAIL: _____

QUESTIONNAIRE

In an effort to help the process go smoothly, please be as detailed as possible with your responses to the questions below.

What are you looking to adopt?

- Dog
- Cat
- Both
- Other

Are you applying to adopt a specific shelter animal?

- YES
- NO

Describe your ideal pet, including its sex, age, appearance, etc.

What type of building do you live in?

- HOUSE
- CONDO
- APARTMENT
- OTHER

Do you rent?

- YES
- NO

What happens to your pet if or when you move?

Who do you live with?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Living alone | <input type="checkbox"/> Parent(s) |
| <input type="checkbox"/> Children over 18 | <input type="checkbox"/> Relative(s) |
| <input type="checkbox"/> Children below 18 | <input type="checkbox"/> Roommate(s) |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Other |

Are any members of your household allergic to animals?

- Yes No

Who will be responsible for feeding, grooming, and generally caring for your pet?

Who will be financially responsible for your pet's needs (i.e. food, vet bills, etc.)?

Who will look after your pet if you go on vacation or in case of emergency?

How many hours in an average workday will your pet be left alone?

What steps will you take to introduce your new pet to his/her new surroundings?

Does everyone in the family support your decision to adopt a pet?

- Yes
 No

If NO, please explain

Do you have any pets?

- Yes
 No

Have you had pet(s) in the past?

- Yes
 No

Please send photos of your home through our Facebook Page. This has replaced our on-site ocular inspections.

1. Front of the house
2. Street photo
3. Living room
4. Dining area
5. Kitchen
6. Bedroom/s (if you pet will have access)
7. Windows (if adopting a cat)
8. Front & backyard (if adopting a dog) Bottom of Form
9. Potential Cage

CITY VETERINARIAN OFFICE
REPRESENTATIVE
Signature over printed name

APPLICANT
Signature over printed name