



15021 Edwards St., Huntington Beach, CA 92647-2508 (714)898-0568

ADOPTION APPLICATION

Potential Adopter Information:

Name: (Please PRINT): _____ Date: _____

Phone: (____) _____

Address: _____

City/State/Zip: _____

Do you own any pets? _____

How many? _____

Are they spayed or neutered? _____

Do your pets have a regular veterinarian? _____

Are you seeking an indoor or outdoor pet? _____

Adoptee Information:

Species/Breed: _____

Color: _____

Age: _____

Sex: _____

Spayed/Neutered: _____

Special Diet: _____

Vaccines Current: _____

Misc. Information: _____

Thank you for choosing to adopt a pet. Owning a pet is a big responsibility that may last for up to 20 years. If, for some reason, the pet is found to be not suitable for your home, the animal may be returned to the Animal Hospital of Huntington Beach within 7 working days of adoption. Adoption donations are non-refundable and used to off-set the cost of care. All animals receive a complete physical exam when first admitted to the hospital. It is our recommendation at the Animal Hospital of Huntington Beach that all pets be spayed or neutered. All continued medical care and routine treatment is the responsibility of the new owner.

I, the undersigned, do hereby declare that I am aware that the Animal Hospital of Huntington Beach and their agents make no claim or representations as to the temperament, health, or mental disposition/personality of any animal available for adoption. I understand that I am responsible for the further care of this animal. I hereby release the Animal Hospital of Huntington Beach of any liabilities related to the adoption of this pet.

*Completion of this form does not guarantee adoption. Adoptions are NOT made on a 1st come basis.

RECEPTION: MAKE COPY FOR CLIENT

Signature: _____ Print Name: _____

Client # _____