

## 13021 Edwards St., Huntington Beach, CA 92047-2306 (714)090-030

## **ADOPTION APPLICATION**

<b>Potential Adopter Information:</b>	
Name: (Please PRINT):	Date:
Phone:()	
Address:	
Do you own any pets?	
How many?	
Are they spayed or neutered?	
Do your pets have a regular veteri	narian?
Are you seeking an indoor or outdoor pe	et?
Adoptee Information:	
Species/Breed:	
Color:	
Age:	
Sex:Spayed/Neutered:	
Spayed/Neutereu	
Special Diet: Vaccines Current:	
Misc. Information:	-
Thank you for choosing to adopt a pet. Owning If, for some reason, the pet is found to be not so Animal Hospital of Huntington Beach within 7 refundable and used to off-set the cost of care. admitted to the hospital. It is our recommendate	g a pet is a big responsibility that may last for up to 20 years. uitable for your home, the animal may be returned to the working days of adoption. Adoption donations are non-All animals receive a complete physical exam when first ion at the Animal Hospital of Huntington Beach that all pets are and routine treatment is the responsibility of the new
agents make no claim or representations as to tany animal available for adoption. I understand	aware that the Animal Hospital of Huntington Beach and their he temperament, health, or mental disposition/personality of d that I am responsible for the further care of this animal. I ton Beach of any liabilities related to the adoption of this pet.
	doption. Adoptions are NOT made on a 1 <sup>st</sup> come basis.  **: MAKE COPY FOR CLIENT
Signature:	Print Name:
	Client #