

address  
1740 Byberry Road  
Bensalem PA 19020

veterinarian  
Dr. Michael Moyer

phone  
215 638 9275



Name of the pet you are interested in: \_\_\_\_\_

First & Last name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Must be at least 21 years old to adopt a pet.

How many adults in the house? \_\_\_\_\_ How many children in the house? \_\_\_\_\_

Children's ages: \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

If renting, does landlord require declawing of cats? \_\_\_\_\_

Please list all pets you currently have including the type of pet

Have you owned pets in the past, if so, what type?



Do you currently have a veterinarian? (circle one)    Yes    No

May we contact your veterinarian? (circle one)    Yes    No

Vet's name: \_\_\_\_\_

Vet's address: \_\_\_\_\_

Vet's phone number: \_\_\_\_\_

If you do not currently have a veterinarian, please provide two non-family, personal references.

Personal Reference 1

Personal Reference 2

When you go out of town, who will care for your pet? \_\_\_\_\_

If you had to move for any reason, would you bring your pet with you? \_\_\_\_\_

Please add any additional information that you'd like us to know about you and your family.

I understand that my adopted pet must see a veterinarian at least once a year and must be given a Rabies vaccine every year (even if indoor only), and I agree to keep to this regimen.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_