



For Office Use Only:
 Control # _____
 Breed _____
 Age _____ Sex _____
 Altered YES NO

For Office Use Only:
 Approved
 Disapproved
 Initials _____
 Date _____

Applicant's Name _____ Address (No P.O. Box) _____

City _____ State _____ Zip _____ Phone _____ Cell _____ Email _____

In what type of housing do you reside? Apt/Condo House Other Do you rent this property? YES NO

If you rent: Landlord's Name _____ Phone _____

Do you plan on moving in the next 12 months? YES NO

If yes, what do you plan to do with the animal? _____

Why do you want to adopt this pet? companion for child companion for other dog companion for self
 security house pet working dog/mouse chaser breeding other

If other, please explain _____

Is this pet a gift for someone? YES NO If yes, who? _____

Have you previously owned pets? YES NO

List all current animals and animals you have had in the last 10 years. If more, please write on back or in an email.

Name	Breed	Sex	Spayed/Neutered?	Current on Vaccinations?	Do you still own it? If not, why?

List all veterinarians you have taken your pets to in the last 10 years and the veterinarian that you plan on using for this pet.

Veterinarian _____ Phone _____

Veterinarian _____ Phone _____

If more space is needed, please write on back or write it in the email you attach this form to.

Last Hope 4 Paws is a 501c3 Animal Rescue Organization based in San Diego, CA.
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