

Montrose Animal Hospital
Adoption Program
Adoption Application

1028 Woodlawn Drive
Marietta, GA 30068
770-977-9000
www.Montroseanimalhospital.com



Application for Pet Adoption
Adoption Fee \$110.00

Name: _____
Address: _____
City and Zip: _____
Home Phone: _____ Cell Phone: _____

Are you at least 18 years of age or older? Yes No

*If you are under the age of 18 years old, you must have parental consent to apply for this adoption pet.

Parents Name: _____ Phone Number: _____

Do you own or rent? _____

If you rent, are there any pet restrictions on your lease? Yes No

If yes, please explain: _____

Name of Apartment complex/landlord: _____

Phone Number: _____

Number of children in the household: _____ Ages: _____

Do you currently own any pets? Yes No

If so, please list specifics (dog/cat/bird, breed, and age)

Will this pet be kept: Indoor Outdoors Both

What animal hospital will you be using for this pet?

What animal hospital do you use for your current pets?

Please provide 3 references (non relative) :

1. Name: _____ Relationship: _____ Phone #: _____

2. Name: _____ Relationship: _____ Phone#: _____

3. Name: _____ Relationship: _____ Phone#: _____



I understand that this application is NOT a guarantee of adoption. All applications must be reviewed prior to approval. All application approvals are at the discretion of Montrose Animal Hospital. In addition we will do a vet check and require that all pets are current with appropriate vaccines for age, and are current on a flea and heartworm preventative. For canines this includes Rabies, Distemper, and Bordetella. For felines this includes Rabies and Distemper (regardless if the pet is kept indoor or outdoor). We will NOT approve applications that do not meet those guidelines. You will be contacted 24048 hours after submission with a decision.

(Print Name)

(Date)

(Signature)

(Date)

For office use only

Approved Denied

Reason: _____

Signature: _____ Date: _____