

Pet Screening and Application Form

Please complete this form in full. This document is intended for pet screening evaluation and printing purposes.

1. Applicant Information

Applicant Full Name:

Street Address:

Phone Number:

Email Address:

2. Pet Details

Pet Name:

Animal Type (e.g., Dog, Cat):

Breed:

Age (in years):

Weight (lbs):

Color and Markings:

3. Health and Behavior

Is the pet spayed or neutered? (Yes/No):

Are vaccinations up to date? (Yes/No):

Is the pet house-trained? (Yes/No):

Any history of biting or aggressive behavior? (Yes/No):

If yes to aggression, please describe:

4. Veterinarian Reference

Clinic Name:

Primary Veterinarian:

Clinic Phone Number:

5. Authorization and Signature

I confirm that the information provided on this pet screening application is true and accurate to the best of my knowledge.

Applicant Signature (Print Name):

Date: