

Hurley Veterinary Hospital
509 Hurley Avenue
Hurley, N.Y. 12443
(845) 331-7100
Mark Rosenberg, D.V.M. Laraine Caliri, D.V.M.
Shannon Fitzgerald, D.V.M.

Animal interested in: _____ **Date:** _____

Name: _____

Address: _____

Phone Number: _____

Are you currently a client of the hospital? Yes _____ **No** _____

If no where would your pet be going for care? _____

Can we call there for a reference? Yes _____ **No** _____

Do you currently have other pets in your home? Yes _____ **No** _____

If so how many? _____

We do require all of your pets have current vaccines. We also require that your cat(s) have been felv/fiv tested. If your pets are not current on vaccines & blood work, they must be brought up to date prior to adopting a pet.

Do you have children in your home? Yes _____ **No** _____

Have you discussed getting a pet with other family members? Yes _____ **No** _____

Do you rent or own the premises that the animal will be living at?

Own _____ **Rent** _____

If you rent, is it all right with your landlord to have a pet? Yes _____ **No** _____

Landlord's Name _____ **Phone Number** _____

Will this pet be living indoor, outdoor or both? _____

I have considered the responsibility of taking in a new pet and to the best of my knowledge have stated the above questions to be true and correct.

Signature of Applicant: _____ **Date:** _____