

Hillcrest Veterinary Clinic
3083 Point Marion Road
Morgantown, WV 26505
(304) 292-6933

ADOPTION APPLICATION

APPLICANT'S INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Are you currently a client at our clinic? YES NO

If no, do you plan to become one? YES NO

If no, please list current veterinarian _____

ANIMAL TO BE ADOPTED INFORMATION

Name: _____ Breed: _____ Species: _____

Age: _____ Color(s): _____ Sex: _____

OUR RESPONSIBILITIES

We have checked this animal for intestinal worms and/or treated for worms, checked for heartworms (dogs), checked for feline leukemia and feline immunodeficiency virus (cats), and examined for any health problems and taken care of them. This animal has been spayed or neutered or will be spayed or neutered at the appropriate age. The following health problems or issues were noted:

YOUR RESPONSIBILITIES

Your \$100 adoption fee covers what we have done so far plus the spay or neuter, if not done already. If this animal is young and needs more vaccines you must pay the cost of that when they are given. If this is a dog you must be willing to purchase heartworm prevention and continue that medication for the life of the pet. You must also be willing to keep this animal vaccinated yearly, checked for various parasites yearly, and be willing to maintain the general health of this animal in a reasonable way. If at any time you are unable to care for the animal, you must bring it back to Hillcrest Veterinary Clinic.

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I, the undersigned, am adopting the above animal and understand my responsibilities as outlined by the veterinarian. I promise to take good care of this animal, keep it healthy as instructed by the veterinarian, and be a responsible pet owner. I also agree to pay the \$100 adoption fee.

Signature of adopting party: _____

Date: _____