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**P.O. Box 6700, Tampa, FL 33606-6700**

**1.888.343.9090 \*** **adoptme@gentlecreatures.org**

**Pet Adoption Application Form**

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| --- | --- |
| First Name:  | Last Name: |
| Street Address: |
| City:  | State: | Zip: |
| Telephone Number:  | Email: |
| Type of pet you are interested in adopting: |
| Preferred Breed:  | Preferred Gender: |
| Willing to adopt pet with (circle preferences):* Senior Pet (age over 6)
* Special Needs (sight impaired, hearing impaired, allergies, missing limb)
 |
| **Home and Family** |
| Number of adults in the home:  | Number of children in the home: |
| Describe and list any current pets in the home: |
| Does the home have (circle choices) * swimming pool
* tiled floor
* interior stairs
* fenced yard
 |
| For Dogs: Will you be able to walk the dog at least twice a day? |
| Any additional information about family, home, or preferences: |
| **Please email or mail this completed application to the address above.** |