

Veterinary Information

Clinic Name	Veterinarian Name	Location	Clinic Phone Number

Are all of your current pets up-to-date with vaccinations? Yes No Unsure

Please indicate which topics you would like to discuss with your counselor?

- | | |
|---|---|
| <input type="checkbox"/> Introducing your new pet to current pet(s) | <input type="checkbox"/> Feeding/Diet |
| <input type="checkbox"/> Pet care costs | <input type="checkbox"/> Safety proofing your home |
| <input type="checkbox"/> Where to keep your new pet when you are not home (crating) | <input type="checkbox"/> Children and pets |
| <input type="checkbox"/> Common medical issues | <input type="checkbox"/> Houstraining/Litter Box Training |
| <input type="checkbox"/> Choosing the right pet sitter/boarding facility/daycare | <input type="checkbox"/> Appropriate vet care |
| <input type="checkbox"/> Training, enrichment, exercise | <input type="checkbox"/> What to do if your pet is lost |
| <input type="checkbox"/> Other _____ | |

By signing below, I certify that the information I have given is true and correct, and I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that Elmbrook Humane Society (EBHS) has the right to deny my request to adopt an animal. I authorize investigation of all statements in this application, including veterinarian records, landlord, and other humane societies. I do understand that this information could be made available to other humane societies. I agree to release EBHS from any liability for damage or injury caused by animals in their care during the adoption process. This form will become the property of EBHS. EBHS reserves the right to refuse any adoption for any reason.

If I adopt, to be eligible for the 30 day trial of insurance through 24PetWatch insurance, I consent to Pethealth, Inc. collecting and using my personal information for the purpose of contacting me with commercial electronic messaging and telephone communications (including contacting me regarding the trial of insurance).

I do not consent to Pethealth, Inc. having my personal information for purposes of contacting me and therefore with not be eligible for the 30 day trial of insurance.

Signature _____ Date _____

-----OFFICE USE ONLY-----

Identification	ID Type	ID Number	DOB
Housing	Verified	Date	Verified By
	<input type="radio"/> Yes <input type="radio"/> No		
Comments			
Veterinary Info	Verified	Date	Verified By
	<input type="radio"/> Yes <input type="radio"/> No		
Comments			
EBHS/PetPoint	Checked	Date	Verified By
	<input type="radio"/> Yes <input type="radio"/> No		
Comments			
Household	Family Members Met: <input type="radio"/> Yes <input type="radio"/> No Date: _____		Dog to Dog: <input type="radio"/> Yes <input type="radio"/> No Date: _____
Final Approval	Outcome	Date	Verified By
	<input type="radio"/> Approved <input type="radio"/> Denied <input type="radio"/> Pending		
Comments			PetPoint ID Number