



A.P.E.A.

Animal Protection and Education Association, Inc.

Post Office Box 5335

Vancleave, MS 39565

228-990-6776

Adoption Application

Name of Pet you are interested in _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Work Phone _____

Email _____

Driver's License # _____ State _____

Housing: Do you own _____ Rent _____ If Renting does your lease permit pets? Yes _____ No _____

Landlord's Name: _____ Phone: _____

Do you currently own any animals Yes ___ No ___ Dogs # ___ Cats# ___

Are they spayed or neutered Yes ___ No ___

Current on Vaccinations Yes ___ No ___

Name of Veterinarian _____ Phone _____

Are these animals kept indoors _____ Outdoors _____ Is your yard fenced? _____ What type of shelter will be provided outdoors _____

Why are you interested in adopting this animal? _____

Do you have children in your home Yes ___ No ___ Ages _____

Pets can live 10 to 20 years. Are you prepared to assume responsibility of caring for this pet for its lifetime? Yes ___ No ___

A member of APEA may conduct a home visit. Please provide directions to your home. _____

Signature _____ Date _____