

**Roeland Park Veterinary Center**  
**5162 Roe Blvd**  
**Roeland Park, KS 66205**  
**913.432.2050**                      **rpvc5162@aol.com**

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Welcome to the Roeland Park Vet Adoption Program. This form and consultation with a Roeland Park Vet representative are designed to help you find a pet most compatible with your lifestyle. Completion of this application does not guarantee adoption of a RPVC cat or dog. Please complete the following questions completely to the best of your knowledge.

**In order to adopt a pet you must:**

- Be 21 years of age or older
- Have valid identification showing your address and age
- Have the knowledge and consent of landlord
- Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for pet

Full Name:

Primary Phone:

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Address:

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Animal of Interest:

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Describe type of pet you are looking for:

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Would this be your first pet? (circle)      Yes    No

What kind of pets have you had in the past?

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Please list pets (include age, sex and breed) you currently have:

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Have they been spayed or neutered? (circle)      Yes    No    Unsure

Are they current on vaccinations? (circle) Yes    No    Unsure

If you have pets, will they adjust to a new pet in the home? (circle)    Yes    No    Unsure

Why do you want this pet? (circle all that apply)

Companion

Mouser

Barn Cat

Companion for another pet

Office Pet

Hunting

Other:

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Number of adults in home:

Number of children and ages:

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Are all of the adults in the home aware that you are considering adopting a new pet? (circle)    Yes    No

In which do you live? (circle)    House    Apartment    Condo    Other  
Do you? (circle)    Rent    Own

Owner/Landlord's name and phone:

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Will the pet be (circle)    Primarily Indoors    Primarily Outdoors    Free Access Indoors and Out    Barn

Who is your veterinarian:

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If this animal is not currently spayed or neutered, will you have this surgery done at the appropriate time? (circle)    Yes    No

You have been informed that the pets for adoption have been given the appropriate vaccines and treatment up to this point. Please be aware that further vaccinations or treatments may be required at your expense after adoption.

\_\_\_\_\_Initials

Please be aware that the animals available for adoption are rescue animals, and, as such, have often been exposed to a variety of diseases. Some of these disorders can have an incubation period of up to several weeks. If the animal you adopt shows signs of illness at any point, please take to a veterinarian for treatment immediately.

\_\_\_\_\_Initials

I certify that the information above is true and understand that false information will result in nullification of this adoption.

Signature Adopter #1

Date:

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Signature Adopter #2

Date:

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