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

**1.888.343.9090 \*** [**adoptme@gentlecreatures.org**](mailto: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.** | | | |