

HHVC Client: _____



Healthy Heart Veterinary Clinic & Mobile Service

7140 Oak Hill Road Loudon, NH 03307

(603)783-9411

Joann V. Fontaine – DVM

Pet Adoption Application

Name: _____

Address: _____

Phone: _____ Email: _____

Rent Or Own? _____ House or Apartment? _____

How many children are in the home or visit often (and ages)? _____

What are the qualities you are looking for in a pet?

Indoor Only Lap Cat Mouser Declawed

Outdoor Cat Barn Cat 2 Bonded Cats

Companionship for me Companionship for my children Companionship for other pets

Current pets in the household: _____

List names and breeds: _____

Who is their veterinarian? _____

Do you give us permission to contact them for a recommendation? _____

Which animal are you interested in? _____

Pet Name/ID: _____ Species: _____ Age/DOB: _____

Color: _____ Sex: _____

HHVC Client: _____
Signature

Date

Pet Name/ID: _____ Species: _____ Age/DOB: _____
Color: _____ Sex: _____