

ROYAL PET RESCUE APPLICATION  
1097 Tarpon Ave, Sarasota, FL 34237  
www.royalpetrescue.com/royalrescue@comcast.net

PET name you are interested in: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Age \_\_\_\_\_

Name, Age, Relationship of all persons residing in your home:

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Who will be primary caregiver of pet? \_\_\_\_\_

Is everyone in the home agreeable to a new pet? \_\_\_\_\_

Type of residence (home, condo, apartment, mobile home) \_\_\_\_\_

Rent or own? \_\_\_\_\_

Landlord information \_\_\_\_\_

Association or apartment info/phone: \_\_\_\_\_

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Do you have a yard? Size? Fenced?

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Have you ever housetrained a dog before? \_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_

Where will the pet sleep? \_\_\_\_\_

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Do you currently have pets? Please list name/gender/breed/age/fixed/year's owned

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Are your pets current on vaccinations/heartworm meds? \_\_\_\_\_

Please list your Vet's info:

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Please provide 3 references: name/phone/relationship

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

In the event you cannot care for the pet, who will be responsible?

Name/Address/phone: \_\_\_\_\_

By completing this application I certify I am at least 21 years old.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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