

Rutherford Veterinary Hospital
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www.rutherfordvet.com

ADOPTION APPLICATION

Name _____

Home Address _____

City, State, Zip Code _____

Phone Number _____

- Pet you are interested in adopting _____
- Do you have any other pets? If yes, please list.

- Do you have a regular veterinarian? If so, please list.

- Have you had pets before? If so, what types?

- What is your reason for adopting a pet from Rutherford Veterinary Hospital?

- Will your new pet be kept indoors or outdoors?

- Do you rent or own your property?

- If you were forced to move or relocate what would you do with your pet?

