

ADOPTION APPLICATION

Animal # Animal Name Today's Date

IN ORDER TO BE CONSIDERED AS AN ADOPTER TODAY, YOU **MUST**: BE 18 YEARS OF AGE OR OLDER, HAVE IDENTIFICATION SHOWING YOUR PRESENT ADDRESS. BE WILLING TO ALLOW ADOPTION COUNSELOR TO CHECK WITH LANDLORD OR PARENTS TO ALLOW PETS AT PRESENT ADDRESS. BE ABLE AND WILLING TO SPEND TIME AND MONEY NECESSARY TO PROVIDE TRAINING, MEDICAL TREATMENT, PROPER CARE FOR THE PET.

NAME _____ PHONE (H) _____ (W) _____ (C) _____

DL#/ID _____ ARE YOU 18 OR OLDER? _____ COUNTY _____

STREET ADDRESS _____ APT/LOT# _____ CITY _____

STATE _____ ZIP _____ MAILING ADDRESS _____

I HAVE RESIDED HERE FOR _____ YEARS/MONTHS/WEEKS/DAYS. EMAIL _____

DO YOU: RENT or OWN DO YOU LIVE IN A: HOUSE APARTMENT DUPLEX MOBILE HOME

DO YOU LIVE WITH PARENTS? _____ OTHER: _____

LAND LORDS NAME _____ PHONE NUMBER _____ Verified By _____

DO YOU HAVE A FENCED YARD? _____ HEIGHT _____ TYPE _____ YARD SIZE _____

DO YOU HAVE A DOG RUN? _____ HEIGHT _____ TYPE _____ SIZE _____

I AM LOOKING FOR A: PUPPY DOG CAT KITTEN OTHER

WHO IS RESPONSIBLE FOR THE PET? _____ NUMBER +AGES OF CHILDREN AT RESIDENCE _____

LEVEL OF TRAINING YOU ARE PREPARED TO GIVE TO THIS PET lowest 1 2 3 4 5 highest

PLEASE CIRCLE THE FOLLOWING REASON FOR ADOPTING A PET: WATCH DOG COMPANION BREEDER

HUNTING FAMILY PET CHILDS PET GUARD DOG FOR BUSINESS COMPANION FOR PET OTHER

DO YOU HAVE OTHER PETS AT THE PRESENT TIME? _____ IF YES, PLEASE LIST BELOW (USE FLIP SIDE IF NECESSARY)

NAME/BREED	M/F	AGE	ALTERED	DECLAWED
A. _____				
B. _____				
C. _____				

HOW MANY **ADDITIONAL** DOGS OR CATS HAVE YOU HAD IN THE PAST 5 YEARS? _____ DOGS _____ CATS

WHAT HAPPENED TO THOSE PETS? _____

WHO IS YOUR VETERINARIAN? _____ PHONE NUMBER _____ Verified By _____

LAST TIME PETS WERE AT THE VETERINARIAN? _____

NAME VET RECORDS ARE LISTED UNDER _____

Please call your veterinarian and give them permission to release information to us, so we can process your application asap.

WHEN DID YOU DECIDE TO GET A PET? _____

HOW MUCH DO YOU THINK YOU WILL SPEND MONTHLY FOR THE CARE OF YOUR ANIMAL? (FOOD, MEDICAL, TAGS, TOYS) _____

WILL THE PET BE: INSIDE/OUTSIDE/BOTH/CHAINED? DO YOU HAVE A DOG HOUSE? _____

I AFFIRM THE ABOVE IS CORRECT _____ DATE _____

(YOUR SIGNATURE)

FOR OFFICE USE ONLY: Approved by _____ Date _____ Pick-up date & time _____