

ADOPTION APPLICATION

(Please print)

NAME: _____ DRIVER'S LICENSE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

All persons interested in adopting a pet from our shelter must complete this questionnaire. Please do not consider it an intrusion. This information will help us place our animals in the best possible home, and at the same time find the best possible pet for you.

1. What type of pet are you looking for? Dog Puppy Cat Kitten
2. Why do you want this pet? _____

3. Do you want this pet for yourself? ___ Your family? ___ Someone else? ___
4. Where do you live? Apartment ___ House ___ Duplex ___ Mobile home park ___
5. Would you object to a representative of Animal Services visiting the animal and the premises where the animal is being kept? Yes ___ No ___ **We require a fence check for certain dogs and reserve the right to visit the potential adopter's home before placement of any animal.**
6. Do you rent? Yes ___ No ___ Does your lease allow pets? Yes ___ No ___
Owner/Manager Name: _____ Phone: _____
Do you mind if we verify this information? Yes ___ No ___ **We must verify that the property owner agrees to the adoption of this pet. If you are unable to verify this while you are here, we will hold the animal for 24 hours only, so you can obtain that verification.**
7. How many children live at your house? ___ Ages: _____
How many adults, besides yourself, live in the household? _____
8. Are all adult household members aware that you are adopting a pet? Yes ___ No ___
9. Do any household members have allergies affected by pets? Yes ___ No ___
10. Who will be responsible for taking care of the new pet? _____
Will this pet be alone during the day? Yes ___ No ___ How do you plan to care for the animal during the work day? _____
11. How do you plan to confine the pet? _____

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12. How will the pet be cared for if you have to go out of town? _____

13. If your pet exhibits destructive behavior such as chewing, scratching or digging, how will you deal with it? _____

14. Do you have other animals? Y/N ___ How many? ___ What kind? _____

All currently owned dogs and cats in pet control zones must be licensed before adopting a new pet.

15. How many dogs or cats have you owned in the past 5 years? Dogs: ___ Cats: ___
Where are they now? _____

16. Have you had a dog or cat die on your property from a disease such as distemper, feline leukemia or parvo? Yes ___ No ___ If yes, how long ago? _____

17. Do your other animals have up-to-date vaccinations? Yes ___ No ___

18. Do you have a regular veterinarian? Yes ___ No ___ If yes, to which clinic do you take your pets? _____

19. Will your new pet live inside? ___ Outside? ___ If outside, what arrangements are you making for safety and shelter? _____

Where will your new pet sleep? _____

20. If adopting a dog or puppy, is there a yard available? Yes ___ No ___
Is it fenced? Yes ___ No ___ If yes, what type? _____

21. If you move, what will you do with this pet? _____

22. If adopting a dog or puppy, how will you house-train it? _____

I certify that the above information is true and accurate to the best of my knowledge and that falsification of this information can be cause for denial of my application or revocation of the contract.

Signature _____ Date _____

OFFICE USE ONLY.....

Information checked by: _____ Approved: ___ Refused: _____

License numbers of other animals _____

Reason refused: _____

