



ADOPTION APPLICATION

Thank you for your interest in providing our shelter animals another chance at a permanent, loving home! In order to help us make the best possible fit between you and a new pet, please complete the information below.

PLEASE PRINT CLEARLY – YOU MUST BE 18 YEARS OR OLDER

| | | | |
|--------------------------------|---------------|--|-------------------|
| Name | | Home Phone () | |
| Address | City | Zip Code | Work Phone () |
| Mailing Address (if different) | City | Zip Code | Cell Phone () |
| Driver's License / ID Number | Email Address | | |
| GENERAL INFORMATION | | How did you hear about this pet? <input type="checkbox"/> Walk-In <input type="checkbox"/> Referral <input type="checkbox"/> Website | |

Do all the adults in your household know that you plan to adopt an animal? Yes No
Are there any household objections? Yes No

Does anyone in your household have any allergies to animals? Yes No
If Yes, can/will the allergies be controlled by medication? Yes No

Who will be the animal's primary caretaker (i.e. feed, train, exercise, groom, etc.)? _____

Are you aware of annual expenses associated with having an animal? Yes No

Are you prepared to assume the financial responsibilities of providing your animal with adequate food, medical care, housing, training, toys, etc. (at least \$1,000/year)? Yes No

Are you prepared to commit a life-long relationship with this animal? Yes No

Have you ever been convicted of or received citations for violation of Federal, State, or Municipal animal codes? Yes No

If Yes, please explain: _____

YOU & YOUR HOUSEHOLD – CHECK ALL THAT APPLY

| | | | |
|--|---|--|--|
| Your Living Place: <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____ | Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No, I am a renter <i>Do you have landlord approval to adopt a (another) animal?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Landlord's Name _____ Phone No. _____ Complex Name _____ <i>Size/breed restrictions?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please list:</i> _____ <input type="checkbox"/> Live with Parents <input type="checkbox"/> Other _____ | Home Lifestyle: <input type="checkbox"/> Very Active <input type="checkbox"/> Somewhat Active <input type="checkbox"/> Rather Quiet Outside, I have: <input type="checkbox"/> Fenced Yard _____ feet high _____ material <input type="checkbox"/> Unfenced Yard <input type="checkbox"/> No Yard <input type="checkbox"/> Other | Animal Experience: <input type="checkbox"/> Never had a cat <input type="checkbox"/> Never had a dog <input type="checkbox"/> Have had one or two <input type="checkbox"/> Have had many _____ Number of hours in a day kept outside _____ Number of hours in a day kept inside |
| Typically, the animal would be left alone: <input type="checkbox"/> More than 9 hours <input type="checkbox"/> 8-9 hours <input type="checkbox"/> 5-8 hours <input type="checkbox"/> Rarely | Children & Your Home: <input type="checkbox"/> I have children Ages _____ <input type="checkbox"/> I do not have children <input type="checkbox"/> Children visit my home Ages _____ <input type="checkbox"/> No children visit my home | Reason(s) for Adopting: <input type="checkbox"/> Family Companion <input type="checkbox"/> For My Children <input type="checkbox"/> Hunting <input type="checkbox"/> Mouser <input type="checkbox"/> Guard/Protection <input type="checkbox"/> Company for Other Pet <input type="checkbox"/> Fighting <input type="checkbox"/> Other | Animal Will Live: <input type="checkbox"/> Indoors Only <input type="checkbox"/> Indoors and Garage <input type="checkbox"/> Indoors and Outside when at Work <input type="checkbox"/> Indoors and Outside <input type="checkbox"/> Outside Only |

TURN OVER TO COMPLETE APPLICATION →

