

ADOPTION APPLICATION



I'm interested in adopting (circle one) Cat Dog Other

Name of Animal(s) I am submitting this application for is: _____

Name _____ Spouse/Partner Name _____

Employer _____ Spouse/Partner Employer _____

Physical Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

Home # _____ Cell # _____ Work # _____

Driver's License or State ID # _____ Verified By: _____

Email _____ Would you like to receive our online Newsletters? Y / N

How long have you lived at this address? _____ Do you expect to move in the next 6 months? _____

Please Circle

Rent **Own** **Live with relatives**

Landlords Name: _____ Phone #: _____

People in your household: # of Adults _____ # of Children under 6 _____ # of Children 6 & older _____

Do children visit your home? _____ How often? _____ Ages? _____

Please list the pets you currently own / or also live on the property (i.e. landlord's pets)

Type and Breed Of Animal	Sex	Spayed or Neutered	Age	Kept indoors Or outdoors	Current on yearly vaccinations	Licensed
_____	M F	Yes No	_____	In Out Both	Yes No	Yes No
_____	M F	Yes No	_____	In Out Both	Yes No	Yes No
_____	M F	Yes No	_____	In Out Both	Yes No	Yes No
_____	M F	Yes No	_____	In Out Both	Yes No	Yes No
_____	M F	Yes No	_____	In Out Both	Yes No	Yes No

Do you have a fully fenced yard on all 4 sides? _____ Type of Fence & Height _____

If no fencing, what other type of restraint is available? _____

What type of shelter (from wind, sun, and rain) is available for a dog? _____

Dog Preferences (please check)

An outdoor, active, hiking type of dog _____

A small dog that could exercise in smaller spaces _____

A big _____ or small _____ couch potato dog (indoor only)

A well rounded family dog _____

What behaviors would you not tolerate in a dog? _____

Cat Preferences

Outdoors only _____ Indoors only _____

Indoor/Outdoor _____

Lap cat _____ Great Mouser _____

Federal funding has made it possible for this facility to exist. As a requirement of receiving these funds we ask for you to complete the following information:

- American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White
 Hispanic

This application will be considered without regard to race, color, gender, age, disability, religion, national origin, or political belief.

Signature(s): _____ Date: _____