



# ADOPTION APPLICATION

I'm interested in adopting (check one)  CAT  DOG  OTHER

Name of Animal(s) I am submitting this application for: \_\_\_\_\_

Name \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_

Employer \_\_\_\_\_ Spouse/Partner Employer \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Do you expect to move in the next six months? \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_ Driver's License/State ID # \_\_\_\_\_

**Please Check**  Rent  Own  Live with relatives

Landlord's 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**

<u>Type &amp; Breed</u>	<u>Sex</u>	<u>Altered</u>	<u>Age</u>	<u>Kept indoors/outdoors</u>	<u>Current on vaccines</u>	<u>Licensed</u>
_____	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

**Federal Funding of a one-time loan made it possible for this facility to exist. As a requirement of receiving these funds, we must track the following information for all applicants:**  Male  Female

- American Indian or Alaska Native  Asian  Black or African American  White
- Native Hawaiian or other Pacific Islander  Hispanic or Latino  Choose not to disclose

*This application will be considered without regard to race, color, gender, age, disability, religion, political or national origin  
This institution is an equal opportunity provider, and employer.*

Signed \_\_\_\_\_ Date \_\_\_\_\_