

# ADOPTION APPLICATION

**CRAIG ANIMAL SHELTER**  
 2430 E. Victory Way, Craig, CO 81625  
 970-824-5964

Adopter Information	
Name:	<input type="text"/>
Address:	<input type="text"/>
Employer:	<input type="text"/>
Email:	<input type="text"/>
Home #:	<input type="text"/>
Cell #:	<input type="text"/>
Work #:	<input type="text"/>
If known, which pet are you interested in?	<input type="text"/>
How did you find out about this pet?	<input type="text"/>

Household Information			
What type of residence do you currently live in?	<input type="checkbox"/> House <input type="checkbox"/> Apt/Condo <input type="checkbox"/> Other	Do you ?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Other
How long have you lived at your residence?		If you are not the property owner, do you know the landlord's policies on pet ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many adults live in your home?		How many children live in your home?	
Does anyone in your home have allergies to pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who will be responsible for the care of the pet?	
Have you ever relinquished any animal to any shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes – when and why?			
Do you have a fenced yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How tall is the fence and what type?	
Do you have any other pets at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, how many and what type?			
Are your other pets current on their vaccinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have your pets had puppies or kittens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Is this pet intended as a gift?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for whom?	
Are you interested in a dog or cat?	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	If a dog, what size?	<input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small
How old a pet are you interested in?		How many hours will the pet be left alone each day?	
What is your primary reason for adopting?	<input type="checkbox"/> Companion <input type="checkbox"/> Guard animal <input type="checkbox"/> Hunting <input type="checkbox"/> Fitness <input type="checkbox"/> Ranch work <input type="checkbox"/> Other		

It is our policy to make certain that each person who adopts a pet is aware of the responsibilities of pet ownership and is capable of and willing to accept those responsibilities morally, physically and financially. Please take the time to properly and completely fill out this questionnaire so we can better suit your family's needs and lifestyle with your adoption.

Signature	<input type="text"/>	Date	<input type="text"/>
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