

**Prior to the adoption of an animal, we ask that you complete this application. This information will help the Society achieve its goal of finding permanent, responsible, loving homes for the animals in our care and allow the Society to better assist you in finding a pet suited to your needs. PLEASE PRINT ANIMAL ID# \_\_\_\_\_**

Date: \_\_\_\_\_  
Adopter Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Alternate Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**To be considered for adoption today, you need to:**

- \_\_\_ Be at least 18 years old
- \_\_\_ Have knowledge and consent of all adults living in your household
- \_\_\_ Have a valid government issued photo ID.
- \_\_\_ Have landlords consent to bring an animal onto the property
- \_\_\_ Understand that the Society reserves the right to refuse the adoption of any animal.

**Why do you want to adopt this pet?** \_\_\_\_\_

**How many pets do you currently have in your household?** \_\_\_\_\_

Cats: \_\_\_ Breed(s): \_\_\_\_\_ Spayed/neutered? \_\_\_ Yes \_\_\_ No Ages: \_\_\_\_\_  
Dogs: \_\_\_ Breed(s): \_\_\_\_\_ Spayed/neutered: \_\_\_ Yes \_\_\_ No Ages: \_\_\_\_\_

**Please provide Veterinarian Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Have you ever adopted a pet from the Society** \_\_\_ Yes \_\_\_ No **If yes, which pet:** \_\_\_\_\_

**Where is that pet now?** \_\_\_\_\_ **Have you ever surrendered any animal?:** \_\_\_ Yes \_\_\_ No

**What is your housing situation?** \_\_\_ Own \_\_\_ Rent  
\_\_\_ House \_\_\_ Condo/Town Home \_\_\_ Mobile Home \_\_\_ Apartment \_\_\_ Farm

**Are you planning to move in the next 6 months?** \_\_\_ Yes \_\_\_ No.

If yes, what will you do with your pet? \_\_\_\_\_

**Are there children living in the household?** \_\_\_ Yes \_\_\_ No If yes, their ages: \_\_\_\_\_

**Does anyone in the household have animal allergies?** \_\_\_ Yes \_\_\_ No

If yes, how do you plan to manage this issue? \_\_\_\_\_

**Will this pet be kept indoors or outdoors?** \_\_\_ Indoors \_\_\_ Outdoors \_\_\_ Both

How will you keep this pet confined to your property? \_\_\_ Will be indoors only \_\_\_ Kennel \_\_\_ Fenced Yard  
\_\_\_ Invisible Fence \_\_\_ On a leash \_\_\_ A Tie Out

**Are you familiar with the animal laws in your town?** \_\_\_ Yes \_\_\_ No If yes, what are they? \_\_\_\_\_

Can you afford veterinary care, grooming, emergency expenses, supplies & food for the lifetime of this pet?  
(These expenses can often add up to one hundred dollars or more each year) \_\_\_ Yes \_\_\_ No

**All pets making the transition from shelter to a new home will need time to adjust to a new family and may require housetraining and behavior training.** Are you willing to provide the needed training? \_\_\_ Yes \_\_\_ No

**Information regarding the history, health and behavior of adopted animals may not be available or accurate.**

**What behavior would you be unwilling to work with?** \_\_\_\_\_

**What reason may cause you to return this pet?** \_\_\_\_\_

Because so many shelter animals have unknown medical histories, a quarantine period is recommended if you have other pets at home. **Are you able to separate this new animal from your other pets?** \_\_\_ Yes \_\_\_ No

**What topics would you like more information on?**

\_\_\_ House Training \_\_\_ Scratching Furniture \_\_\_ Chewing (Dogs) \_\_\_ Dogs & Kids \_\_\_ Obedience Training

By signing below, I certify that the information I have given is accurate and complete:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Staff Member: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_