



ADOPTION APPLICATION

I am 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 plan to move in the next six months?: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Email Address: _____ Drivers Licence Number: _____

Please Check: Rent Own Live with relatives

Landlords Name: _____ Phone number: _____

People in your household: # of Adults: _____ # of Kids: _____ Ages of Kids: _____

Do children visit your home?: _____ How often?: _____ Ages Of Kids: _____

Veterinarian for current/previous pets: _____

Please list current household pets

Type & Breed	Sex		Altered		Age	Indoors/Outdoors			Current on Vaccines	
	M	F	Y	N		In	Out	Both	Yes	No
	M	F	Y	N		In	Out	Both	Yes	No
	M	F	Y	N		In	Out	Both	Yes	No
	M	F	Y	N		In	Out	Both	Yes	No
	M	F	Y	N		In	Out	Both	Yes	No

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.

Signature: _____

Date: _____



ADOPTION SURVEY

I am interested in adopting (check one) CAT DOG OTHER

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

I have experience caring for a cat/dog/other:	Yes	No	Currently own	
The last time I owned a cat/dog/other if not currently:				
My cat/dog/other needs to get along with (circle all that apply):	Children Under 8	Children over 8	Elderly People	Cats Dogs Other:
My cat/dog/other will primarily be:	Indoors	Outdoors	Both	
How many hours will your cat/dog/other spend outside per day:				
My cat/dog/other will be left alone:	Less than 2 hours	2-4 hours	4-8 hours	8+ hours
When I am not home my <u>dog</u> will be:	Free roaming	Confined to one room	In a crate	In basement/ garage
When I'm home I want my cat/dog/other by my side:	All of the time	Some of the time	Doesn't matter	
I would consider my household to be	A library	Middle of the road	A carnival	
My ideal cat/dog/other would be:	Calm/mellow	Playful some of the time	Very playful/ high energy	
My cat/dog/other needs to be able to adjust to new situations quickly:	Not important	Somewhat	Yes	
I want my cat/dog/other to be:	A lap cat/snuggly	Social	Independent	A barn cat
I prefer my cat/dog/other to be talkative/vocal:	No	Yes	It is not important	
I am willing to work on training to improve manners and socialization:	Not at all	Some training	A lot of training	
I am willing to work with a pet with special needs:	Medical: Yes No	Behavioral: Yes No		
It is most important to me that my pet: _____				