\*Please complete both the front & back of this application\*

**APPLICANT INFORMATION**

First Name: Last Name: Are you over 21 years old (Yes/No):

Phone: Address:

City: State: Zip Code: Time at residence (years or months):

Email:

Employer: How Long? Occupation:

Are you a student (Yes/No): If YES, School Name: Graduation Date:

Emergency Contact: Phone:

**CO-APPLICANT INFORMATION**

First Name: Last Name: Are you over 21 years old (Yes/No):

Address:

City: State: Zip Code: Time at residence: (years or months):

Email:

Employer: How Long? Occupation:

Are you a student (Yes/No): If YES, School Name: Graduation Date:

**PLEASE ANSWER THE FOLLOWING QUESTIONS HONESTLY AND COMPLETELY**

Residence: House: \_\_\_\_ Mobile Home: \_\_\_\_ Apartment\_\_\_\_ Townhome\_\_\_

Do you own or rent? \_\_\_\_\_ Live with Parents (Yes/No):

If you rent, does your pet policy state any of the following: Does not allow pets \_\_\_\_\_ Breed Restrictions \_\_\_\_\_

Pet weight limit \_\_\_\_\_ Number of pets limit \_\_\_\_\_ Additional pet deposit fee \_\_\_\_\_

Please list everyone **18 or older** living in your home (including spouse, partner, roommate, older children, etc):

\_\_\_\_\_

Please list everyone **under 18** in your home and their ages (include children, grandchildren, children that visit often):

\_\_\_\_\_

Has anyone living in your home been convicted of a felony? If yes, explain:

I understand that a background check and/or home visit could be conducted. \_\_\_\_\_ Initials

Why do you want to adopt a pet? Check all that apply: Watch Dog: \_\_\_\_ Protection: \_\_\_\_ Companion/Family Pet: \_\_\_\_

Barn Cat: \_\_\_\_ Hunting: \_\_\_\_ Child’s Pet: \_\_\_\_ Gift: \_\_\_\_ Companion for Other Pet: \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much money do you think you will spend on pet care each year? $

Who will be responsible for the exercise, grooming, health care, and feeding of the animal?

How long do you expect to commit to a pet?

Where will the animal be kept during the day? During the night?

If the animal will live outside, what type of shelter is available?

Have you ever had to get rid of a pet (Yes/No): If YES, Reason?:

Under what circumstances would you not keep the animal? Check all that apply:

Allergy: \_\_\_\_ Divorce: \_\_\_\_ Moving: \_\_\_\_New Baby: \_\_\_\_ Biting: \_\_\_\_ Current Pet Not Adjusting: \_\_\_\_\_ other: \_\_\_\_\_\_\_

**IF INTERESTED IN ADOPTING A DOG**

How will you keep the dog confined to your property? Check all that apply:

Fenced Yard: \_\_\_\_ Run Loose: \_\_\_\_ Invisible Fence: \_\_\_\_ Kennel: \_\_\_\_ Leash: \_\_\_\_ Tie Out: \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

How will you exercise your dog?:

How will you handle barking, chewing, scratching, digging and other destruction?:

**IF INTERESTED IN ADOPTING A CAT**

Will the cat be allowed outside? \_\_\_\_\_\_ If yes, how will the cat be prevented from running off? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Even though most cats (male or female) do not spray or mark, how will you handle the situation if your new adoptee does this behavior?

**PET HISTORY**

Who is your current veterinarian? Veterinarian Phone Number:

Please provide the following information on ALL of the pets you currently have and have had over the last 10 years:

|  |  |
| --- | --- |
| Name: Breed: Age:  Spayed/Neutered (Y/N):  Where Housed?:  Where is pet now? | Name: Breed: Age:  Spayed/Neutered (Y/N):  Where Housed?:  Where is pet now? |
| Name: Breed: Age:  Spayed/Neutered (Y/N):  Where Housed?:  Where is pet now? | Name: Breed: Age:  Spayed/Neutered (Y/N):  Where Housed?:  Where is pet now? |
| Name: Breed: Age:  Spayed/Neutered (Y/N):  Where Housed?:  Where is pet now? | Name: Breed: Age:  Spayed/Neutered (Y/N):  Where Housed?:  Where is pet now? |

I certify that the above information is correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoption Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_