

ANIMAL ADOPTION CENTER DOG ADOPTION APPLICATION

FOR OFFICE USE ONLY

DATE:

ANIMAL NAME:

BREED:

AGE:

PREVIOUS LOCATION:

Please fill out this form as completely and honestly as possible. Our goal is to make sure we are adopting out the best match for you. We want you and your new friend to be happy together for the rest of your lives!

Name _____ Age _____

Name of Spouse or Significant

Other _____

Mailing Address _____

City _____ State _____ Zip Code _____

Physical Address _____

City _____ State _____ Zip Code _____

Home Phone

Number _____

Work Phone

Number(s) _____

Cellular Phone

Number(s) _____

Email Address _____

Your Occupation(s) _____

Place(s) of
Work _____

Hours at
work/week _____

HOUSING

___ OWN

___ RENT (Landlord Name and Phone Number _____)

___ House _____ Apartment

___ Condo/Townhouse _____ Fenced Yard (height: _____)

___ Dog Crate (do you have one?)

How many times have you moved in the last 5
years? _____

What are your future housing plans? _____

If you move, what will you do with your pets? _____

Would you consider moving into a home that did not allow pets? _____

How many people are living in your home? _____

___ Adults (ages: _____) ___ Children (ages: _____)

Does anyone in your home have allergies to pets? _____

Does anyone in your home smoke? _____
Where will your dog be while you are at work or out of the house? _____

Where will your dog sleep at night? _____
How will you handle toilet duties? _____

How many pets are living in your home?
___ Dogs (age, sex and breed: _____))
___ Cats (age, sex and breed: _____))
___ Others (species: _____))

Are your pets spayed and neutered? _____
Are your dogs licensed? _____
Are your dogs kept indoors or outdoors? _____
Who is/was your veterinarian? (if out of the area, please provide the phone number)

What pets have been seen at this veterinarian? _____
What happened to your past pets? _____
Have you ever given up a pet? If so, why and to whom or where? _____

Has a dog died on your premises in the last 6 months of distemper, parvo or unknown causes? _____

Why would you like to adopt a dog? _____
What qualities are you looking for in a pet? _____

What in your mind would justify giving up a pet? (please check all that apply)
___ moving ___ new baby ___ divorce ___ not getting along with other pets
___ getting out of fenced yard ___ behavioral problems ___ children lost interest
___ it got too big ___ too time consuming ___ shedding ___ allergies
___ house breaking problems ___ medical problems ___ aggressive
___ other _____

Can you provide this pet with a home for the next 10-20 years? _____
If you need to give this dog up for any reason, will you return it to the Animal Adoption Center? _____
(if you are 60 years of age or older, we ask that you or a family member contact us if you are unable to care for a pet adopted from our center)

If you do adopt today, may an Animal Adoption Center representative visit you and your new pet in your home by appointment? _____
Do you agree to have a yearly exam performed, needed vaccinations given, and have your pet examined in any time of illness or injury by a veterinarian? _____
Do you agree to keep a collar, rabies tag, license, and identification tag with your home information on your dog at all times? _____
Do you agree to give this pet food and water, exercise, shelter, grooming, and all needed health care? _____

PERSONAL REFERENCES

Name:
Phone Number:
Relationship:

Name:
Phone Number:
Relationship:

I accept the animal as is and assume all risks of its ownership, including the risk of injury or damage caused by the animal (such as animal bites). On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless the Animal Adoption Center of Jackson, Wyoming and its directors, officers, employees, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my adoption.

By signing below I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of an Animal Adoption Center animal and possible removal of an adopted animal from my home and fines up to \$150.00. Applicant must be 18 years of age or older. The Animal Adoption Center reserves the right to refuse any applicant.

Signature of Applicant

Date of Application

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Date of interview:

Interviewer:

Amount Paid:

Cash Check # _____ Credit Card

Landlord Called:

Sent home with:

food toy medical paperwork adoption packet
 spay/neuter certificate license rabies tag # collar
 leash borrowed items _____