**Adoption Application**

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| Adoption Type: |  | Dog |  | Cat | Name of animal: |  |

**Applicant Information:**

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| --- | --- | --- | --- | --- |
| Legal Full Name (First, Middle Initial, Last): | | |  | |
| Maiden Name: |  | | Date of Birth: |  |
| Driver’s License Number: | |  | | |

Please list the full names and birthdates of **ALL** other adults (over 18 yrs of age) that live in the home. If more than two, please write on back of form:

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| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Name: |  | Date of Birth: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total number of children in your home: |  | Ages of children: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current Address: | | | | | | | | | | | | | | |
| Street Address | |  | | | | | | | | | | | | |
| City: |  | | | County: | |  | | State: | |  | | Zip Code: | |  |
| Home/Cell Phone: | | |  | | | | Secondary Phone: | | | |  | | | |
| Email address: | | |  | | | | | | | | | | | |
| Occupation or Source of Income: | | | | |  | | | | Employer: | | | |  | |

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| Do you: | Rent |  | Own |  | A/An: | Apartment | | | | |  | House | |  | Trailer |  | Condo |  |
| How long have you lived at this residence? | | | | | | | |  | | | | | | | | | | |
| Are you planning to move in the near future: | | | | | | | Yes | |  | No | |  | If yes, please explain: | | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Landlord’s Name: |  | | Phone Number: | |  | | | |
| Have you spoken with your landlord about restrictions and fees? | | | | Yes | |  | No |  |
| If yes, what are they: | |  | | | | | | |

**Current and Past Animal Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vet Clinic’s Name: |  | | Phone Number: | | | |  | | |
| Are all dogs and cats in home current on vaccines: | | Yes | |  | No |  | | Not Sure |  |
|  | |  | |  |  |  | |  | |

**Please call your vet clinic to release medical records because all dogs and cats must be altered and current on their rabies vaccination before this application can be approved.**

**\* Please list any pets that currently live or have lived in the home within the past 5 years.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Species** | **Breed** | **Age** | **Spay/Neutered** | **Gender** | **In/Outdoor** | **Owned from Yr to Yr** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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(Please list additional pets on the back of the application)

Have you or anyone living in the home ever had to surrender/return an animal to a shelter or re-home with another person: Yes No **If yes**, please explain what kind of animal and the circumstances:

|  |  |
| --- | --- |
| On average, how many hours per day will this animal be left home without a person? 0-4 5-8 9-12 |  |

When the animal is outside they will be: circle/”x” all that apply

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fenced yard |  | Invisible fence |  | Tied |  | Leash walked |  | Loose |  | Loose supervised |  | N/A |  |

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| --- | --- | --- | --- | --- | --- | --- |
| This animal will live: | Strictly indoors |  | Strictly Outdoors |  | Indoors with outdoor time |  |

Please list two references that do not live with you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | Phone Number: |  |
| Relationship: | |  |
| Name: |  | | Phone Number: |  |
| Relationship: | |  |

|  |  |
| --- | --- |
| **Traits you would like in your new companion:**  Child friendly (infant-12 years)  Teen friendly (13-18 years)  Potty/Litter box trained  Crate trained  Cat friendly/tolerant  Energy level: low moderate high | Likes to be held/picked up  Sits on laps  Likes to cuddle/be pet  Limited vocal/barking  Dog friendly |
|  |  |
| Below, please briefly explain anything else you would like us to know or consider while we process your application; | |
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How did you hear about our shelter:

**If adopting a cat:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you planning to declaw your new cat: | | Yes |  | | No | |  | |
| If yes, please explain why: |  | | | | | | | | | | |
| Are any of the cats currently in the home declawed? | | | | Yes | |  | | No | |  |
| Do you plan to let your new cat outside: | | Yes |  | | No | |  | |
| If yes, please explain: |  | | | | | | | | | | |

**Please read the information below carefully before signing the application.**

I understand that NAS has the right to accept or deny my application and may follow up on adoptions. I realize that NAS does not approve adoptions on a first-come, first-serve basis and will take applications on an animal until there is an approved adoption.

Please complete all sections: incomplete or inaccurate information may cause your application to be denied or not processed.

I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant** |  | **Date** |  |