

Card # \_\_\_\_\_

Date \_\_\_\_\_

## South Animal Care and Adoption Center Adoption Application

**Microchip? Yes No**

### Section 1 (Caregiver Information)

In order to be considered for an adoption you must:

- Be at least 18 years of age
  - Have Photo Identification
  - Have consent of all adults living in your household
  - Have landlord name and telephone number (or copy of lease)
- Name \_\_\_\_\_ Driver License # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Do you attend school?  Yes  No

### Section 2 (Environment Information)

1. Do you:  Rent  Own a home  Own a condo  Own a mobile home
2. Name of Landlord (if applicable) \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_
3. How long have you lived at the above address? \_\_\_\_\_
4. Number of people in your household? Adults \_\_\_\_\_ Children \_\_\_\_\_ Ages \_\_\_\_\_
5. Who in your family will have the primary responsibility for the: Feeding \_\_\_\_\_ Training \_\_\_\_\_
6. Why do you want to adopt this pet? \_\_\_\_\_

### LIST ALL ANIMALS THAT YOU HAVE HAD AS PETS IN THE PAST FIVE (5) YEARS

Kind of Pet	Spayed/Neutered	Inside/Outside Pet	Current Status	Time Owned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Name of your Veterinarian: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
8. Are all of the pets you currently own up to date on their vaccinations? \_\_\_\_\_
9. If you move in the future, what will you do with you pet(s)? \_\_\_\_\_
10. Are you financially willing and able to pay the ongoing cost for feeding, licensing and veterinary care for your new pet?  
(Average annual cost is \$500.00 for each pet) \_\_\_\_\_
11. Do any members of your family have allergies to animals? \_\_\_\_\_

### Section 3 (Animal Care Information)

1. This pet will be alone for approximately: \_\_\_\_\_ hours per day \_\_\_\_\_ days per week.
2. Where will you pet be kept? During the day \_\_\_\_\_ At night \_\_\_\_\_ When alone \_\_\_\_\_
3. Your pet will need time to adjust to their new home and all of its occupants especially other animals. Do you have the patience and understanding to allow enough time for this adjustment? \_\_\_\_\_
4. Do you have a fenced yard? \_\_\_\_\_
5. How often and for how long will you take your dog outside? \_\_\_\_\_
6. Have you adopted a pet from us before? \_\_\_\_\_ Where is that pet now? \_\_\_\_\_
7. Have you ever surrendered an animal to any animal shelter before? \_\_\_\_\_ Why? \_\_\_\_\_

**By signing below, I certify that the information provided above is true and correct. I also agree to and will adhere to the policies set forth in the "Adoption Policies" Of the South Animal Care and Adoption Center.**

Signed: \_\_\_\_\_

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

Approved \_\_\_\_\_ Disapproved: \_\_\_\_\_ Pending: \_\_\_\_\_ (Employees Initials)

Comments: \_\_\_\_\_