



## Application for Adoption

**Date:** \_\_\_\_\_  approved  denied  Pending

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Applicant/Co Applicant:**

Name(s): \_\_\_\_\_

Occupation(s) \_\_\_\_\_

### **Home information: (A home check may be required prior to the application being approved.)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email Address \_\_\_\_\_

Is your yard fenced?  Type of fence \_\_\_\_\_ height \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ Do you own or rent? \_\_\_\_\_

If renting, provide landlord's name and number \_\_\_\_\_

***A complete answer to the following questions will enable us to become more familiar with your request and requirements and will help us find the right animal to match your needs and expectations.***

Which animal here you are interested in? (Name of animal) \_\_\_\_\_

Why are you interested in this particular animal? \_\_\_\_\_

Where will the pet be housed? Inside Outside Both (Explain): \_\_\_\_\_

Do all members of the household share your interest in adopting a pet? \_\_\_\_\_

Age of self and all other living in the home \_\_\_\_\_

Have you ever sold, given away, or surrendered a pet to a shelter?  If yes, please explain why. \_\_\_\_\_

Have you ever had to euthanize an animal?

If yes, specify why. \_\_\_\_\_

What arrangements will you make for your pet when you travel? \_\_\_\_\_

When you evacuate for a hurricane, what will you do with your pet? \_\_\_\_\_

Have you or any member of your household ever been cited for animal law violations? \_\_\_\_\_

In your opinion what would be a good reason to not keep this pet? \_\_\_\_\_

**Please list all the pets you have owned in the past five years: (if deceased, explain why and age)**

Name	Breed	Sex	Age	How long owned?	Spay or neutered	What happened to the pet, if no longer with you?
1						
2						
3						
4						
5						
6						

**Please provide all information of your current veterinarian.**

Name of Vet clinic: \_\_\_\_\_ Phone # \_\_\_\_\_

Is this pet listed under your name at your veterinarian? \_\_\_ Yes \_\_\_ No If no, what name would the pet be listed under? \_\_\_\_\_

Is your pet up to date on vaccines? \_\_\_ Yes \_\_\_ No Heartworm preventative? \_\_\_ Yes \_\_\_ No

Where so you purchase heartworm prevention? \_\_\_\_\_

Have you used any other vets in the past 5 years, if so please provide a name and phone number? \_\_\_\_\_

If you do not have a vet, where do you plan to take your pet? \_\_\_\_\_

I (We) attest that the information provided on this application is true and accurate to the best of my (our) knowledge. I (we) understand that completion and submission of this application does not guarantee adoption of an animal from St Charles. I (we) hereby permit St Charles Animal Shelter to contact my (our) veterinarian(s) for release of current and past medical records and property owner (landlord) if applicable. I (we) understand that misrepresentation of the facts will result in my losing the privilege of adopting a pet.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Revised** : July 2019/SCPAS