

ADOPTION APPLICATION

TODAY'S DATE:

WHAT ANIMAL ARE YOU APPLYING FOR:

Welcome to the ANNA Shelter. We are glad you have come to adopt a new pet from our shelter. In order to be considered as an adopter today, you must: • Be 21 years of age or older; • Have identification showing your present address; • Have the consent of your landlord (if applicable); • Be able and willing to spend the time, money and provide the necessary training, medical treatment, and proper care for a pet. The adoption of a lifelong animal friend should not be impulsive, but a carefully thought out decision, which will ensure a loving, lasting, FOREVER relationship. This process may take over an hour or if information needs to be verified several days. We do require a meet and greet if you have a current dog in the home.

You are applying for a minimum commitment of 10-15 years.

Are you willing to make the investment in time, finances and training (average \$1000 annually) to care for and properly manage your new pet?

□YES □NO

Basic Information

NAME:		
STREET ADDRESS:		
CITY:		ZIP:
HOME PHONE:WOR	K/CELL PHONE:	
EMAIL:		
BIRTHDATE::	Are you a stu	ident: □Yes □No
Housing	Information	
Do you own your home? □Yes □No (Home Owne	rship will be verified) $ extsf{H}$	low Long?
Type of home: □Single Family □ Trailer □Apt	/Townhome/Cond	o □Other
If you rent, please provide your landlord's contac Name/ Phone Number:		
Does your lease require a pet deposit: □Yes □]No	
If yes, have you paid that deposit (proof may be nec	essary) 🗆 Yes 🛛 N	0
Household	d information:	
# of adults Do all adults know that you	plan to adopt a pe	t? □ Yes □No
#Children Children's ages:		
Is the primary applicant employed?		
\Box Yes \Box Name of Employer	[_ength of Employment:
\Box No Explain the primary source of incom	e:	

PLEASE CONTINUE TO THE BACK OF THE APPLICATION

SHELTER USE ONLY

PET DEPOSIT? YES NO DATE

Animal Information

Is this your first experience owning/caring for an animal? □Yes □ No

Why do you want to adopt a pet? (check all that apply) ‰

□Companion □Companion for other pet □ Family pet □Watchdog □Barn cat/mouser □Breeding

□Hunting □Guard dog for business □Other: _____

Please list **ALL** current pets residing or that visit often at your home:

Type Breed Name <mark>*Spayed/Neutered</mark> <mark>**Current on Vaccines</mark> Licensed

*We may need proof from your veterinarian.

** We ask because of the risk associated with bringing a new animal into your home if your pets are not vaccinated against common communicable diseases. Illness and even death can result for your current pets in some situations. Please ask a staff member to explain. A current rabies vaccine is a State Law.

Have you ever relinquished, surrendered, given away, or sold any pets/animals before? \Box Yes \Box No If yes, please explain the circumstances involved, i.e. to whom, why and when:

Veterinarian Name/Practice and Phone Number: (If you do not have a current vet we recommend one of our wellness centers)

May we phone your veterinarian for a reference? \triangle Yes \Box No If no please explain:

Can your veterinarian verify vaccination/medical history?
☐Yes
☐No If no, please explain:

What training methods will	vou he usina?	Crate Training	Professional Training	n Other
what training methods will	you be using:			

How do you plan to contain your pet inside/out? ____Leash/Tie Out ____Fenced Yard ____Invisible Fence ____Confined to specific area ___Other ____

By signing below, you are confirming the information on this application is accurate and true. Failure to disclose information, providing false or inaccurate information will slow down and possibly halt an adoption. We want the best possible match for our animals. Animals require basic needs and some require special needs and circumstances and we take that VERY seriously.

- We reserve the right to deny an application for ANY or NO reason.
 - Completing an application does NOT guarantee adoption.

Signature: _____