

ADOPTION APPLICATION

Date _____ Time _____

Name _____ Address (No P.O. Box) _____

City _____ State _____ Zip _____ Phone _____ Cell _____

In what type of housing do you reside? Apt/Condo House Other Do you rent this property? YES NO

If you rent : Landlords name _____ Phone _____

Why do you want to adopt this pet? companion for child companion for other dog companion for self
 gift security house pet working dog/mouser breeding other

If other please explain _____

Have you previously owned pets? Yes No Do you have pets now? YES NO

Please all current animals and animals you have had within the last 10 years

Name	Cat/Dog	Sex M/Fe	Spayed/Neutered	Do you still have Yes/No
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

List all veterinarians that you have taken your pets to in the last 10 years

Veterinarian _____ Phone _____

Veterinarian _____ Phone _____

Do you have a fence YES NO If yes how high? _____ What material (s) _____

What percentage of time will this pet spend: Indoors? _____ Outdoors? _____

When outdoors, how will he/she be kept ? (fence, chain, line, kennel, etc.) _____

In general, how many hours will this pet be left alone during the day? _____

Where will this pet be kept while you are out of town? _____

Please include any information you would like for us to consider when reviewing your application for approval.

Which pet are you considering? **Cat** _____ **Dog** _____

Are you willing to provide this pet with annual vaccinations? YES NO

Who will be financially responsible for all medical costs for this pet? _____

MCHS has the right to refuse any adoption

Signature _____

