

Luce County Animal Shelter

Adoption Application

The ownership of a pet is a serious responsibility that requires a long-term commitment. The goal of the Luce County Animal Shelter is to find responsible, lifelong homes for animals who will be suitable family companions. In order to do this, we need to know the needs of both the animal and their prospective adopters. The information you provide on this application will help us determine this suitability.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email address _____

Telephone _____ (Home) Telephone _____ (Cell) Telephone _____ (W)

Are you (the applicant) 18 years or older? _____

Are you a Veteran? _____

Number of adults in household _____

Number of children in household, with sex and ages _____

Do you live in a () single family home () apartment

Do you () own your home () rent/lease

If you rent or lease, please list landlord information:

Name _____ Phone _____

Address _____

City _____ State _____

Are you willing and able to accept full care, costs, and responsibilities of owning a pet? _____

Will you need assistance with the cost of the spay/neutering of this pet? _____

What other pets do you have? (Give breeds, sex and ages)

Are all of your other animals up to date on their vaccinations? _____

For **CATS**: Are you considering having this animal declawed? _____

For **DOGS**: Are you aware that dogs **must** have licenses, and they must be restrained with a leash when not on your property? _____

For **DOGS**: How do you plan to exercise this dog? _____

Have you adopted from a shelter before? Yes () No ()

Which one? _____

Will this pet be kept mostly: () indoors () outdoors

How would you describe your household? () very quiet () rather easy-going

() moderate activity () lots of activity

Do you want this pet for (choose as many as applicable):

- companionship playmate for children
 security/protection hunting
 gift other _____

How long have you considered adopting a pet? _____

Is everyone in the household aware that you are adopting this pet? _____

Is anyone in your household allergic to any kind of pet? _____

How often, and for what amount of time would this pet be left alone?

Please give the name and phone number of the veterinarian who sees your pets:

May we contact this person as a reference for you? _____

If you do not have a veterinarian reference, list at least two personal (nonfamilial) references below:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Have you ever attended obedience classes with a pet? _____

Are you aware of the negative possibilities of pet ownership?

DOGS: chewing, digging, barking, urination/defecation accidents, getting into trash, throwing up. They desire a lot of exercise and attention/interaction with people, which can require a lot of your time.

CATS: clawing, jumping & climbing on furniture, urination/defecation accidents, throwing up. Litter pan must be cleaned regularly, or cat may stop using it!

Do you feel you can deal with these problems, as well as routine care? _____

Would you like information about?

- taking care of puppies or kittens obedience training
 pet behavior problems other _____

FOR OFFICE USE ONLY:

- | | Initials |
|-----------------------------------|--------------------------------|
| Veterinarian reference confirmed | <input type="checkbox"/> _____ |
| Landlord permission | <input type="checkbox"/> _____ |
| Personal interview and counseling | <input type="checkbox"/> _____ |
| Follow up call within 5 days | <input type="checkbox"/> _____ |
| Follow up spay/neuter | <input type="checkbox"/> _____ |