Wayne County Animal Services
Animal Adoption Application

_____

APPLICATION INFORMATION

Date: _____   Time of Application _____ AM/PM

Full Name: _____
(First)   (Middle)   (Last)   (Maiden Name)

Address:_____

City:_____ State:_____ Zip Code:_____

Home Telephone #:_____ Cell Telephone #:_____

Alternate Telephone #:_____ Email:_____

Are you over the age of 18? □ Yes □ No   What is your date of birth? _____

_____

Please answer the following questions:

- Do your pets have a veterinarian? □ Yes □ No
        Veterinary Hospital/Clinic Name:_____

- Do you plan on spaying/neutering the animal you adopt if it is not already
  been completed? □ Yes □ No

- What is the name/phone number of your landlord/rental agency?
        Name: _____ Phone#: _____

_____

Please provide the following information about your current/recent past pets:

Pet Name	Type	Age	S/N ?	How long owned?	Up to date on vaccines?	

Wayne County Animal Services

Animal Adoption Application

_____

Please answer the following questions:

1. What is your motivation for getting this pet? _____
   _____

2. Please describe your living arrangements. For example, do you reside in a single family home with a fenced in yard? Do you live in an apartment? Do you live in a mobile home or reside with your parents?_____
   _____

3. Have you talked with, or do you have consent of ALL adults in your household to bring this pet home? □ Yes □ No

4. Are you aware that this pet may live to be 15 years of age or older? □Yes □ No

5. Are you aware of and do you have the time, money necessary to provide for the training, medical treatment and proper care of this pet for its life time? □ Yes □ No

6. Have you adopted a pet from this shelter? □ Yes □ No

7. Have you ever surrendered a pet to a shelter in the past? □ Yes □ No *If yes, when and please and explain.*
   _____
   _____

8. If your new pet had some sort of a behavior or medical problem, what would you choose to do?
   _____
   _____

9. All dogs and cats have different energy levels and exercise requirements. What kind of pet are you interested in?
   □High Energy/Tons of Exercise
   □Medium Energy/Moderate Exercise
   □Low Energy/Little Exercise

_____   _____
Applicant's Signature   Date of Application

Office Use Only

Application Received By:_____   Date Received:_____

Comments:_____
□Approved   □Denied   □Pending_____