

# *Newaygo County Animal Shelter*

## **Pet Adoption Application**

Date: \_\_\_\_\_

Pet Name or Type interested in: \_\_\_\_\_

### **PERSONAL INFORMATION**

*(If you intentionally falsify any information on the application, the adoption process will be terminated)*

Name: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse/Significant other/Roommate: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Is the pet for you or someone else: \_\_\_\_\_

Are you employed? \_\_\_\_\_

If no, how will you support this pet? \_\_\_\_\_

### **LIVING SITUATION (CIRCLE OR 'X')**

Own Home	Own Condo	Renting Apartment	Renting Room	Rent Duplex	Live w/ Roommates
Rent Home	Rent out Room(s)	Living w/ Parents	Live in Trailer Park	Live w/ Friends	Live w/ In-Laws

Landlord's Name and Phone #: \_\_\_\_\_

Does Landlord allow pets? \_\_\_\_\_ Any Requirements? \_\_\_\_\_

How many Adults live in the home? \_\_\_\_\_ Children? \_\_\_\_\_ Ages: \_\_\_\_\_

The noise/activity level in the home is: High \_\_\_\_\_ Medium \_\_\_\_\_ Low \_\_\_\_\_

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## **PET SELECTION**

What is the main reason that you want to adopt a pet currently?

Are you prepared to spend several weeks or perhaps months waiting for your new pet to adjust to their new environment, and for you to adjust with them? \_\_\_\_\_

**What will your pet's job be in the new home? (MARK ALL THAT APPLY)**

Guard/Security	Companion	Hunter	Couch Warmer
Companion for another pet	Child's Pet	Walking Buddy	Other

If other, please explain: \_\_\_\_\_

Do you have a specific breed or sex preference for your new pet? \_\_\_\_\_

Preferred age: \_\_\_\_\_ Size at maturity: \_\_\_\_\_

**What is your preferred level of exercise with a pet? (MARK ALL THAT APPLY)**

Couch Potato	Short Walks	Hiking/Jogging	Long Runs
Dog Parks	Yard Exercise	Other	

Other personality characteristics you are looking for: \_\_\_\_\_

**Do you need a pet that will be adaptable to any of these considerations?  
(MARK ALL THAT APPLY)**

Dogs	Cats	Children	Busy Household	Quiet Household
Adults	Farm Animals	Small Caged Animals	Other	

## **ANIMAL CARE**

What will you feed your pet and how often? \_\_\_\_\_

How long will your pet be left alone? \_\_\_\_\_

What shift do you and other adults work? \_\_\_\_\_

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**Where will your pet be kept during the day (MARK ALL THAT APPLY)**

Kennel/Crate	Garage	Bring to Work
In House	Tied – Out	Barn

Is your property currently fenced? If so, what kind? \_\_\_\_\_

## **PET HISTORY**

**What pets do you have NOW in your home? (Please include small-caged pets)**

Type of Pet	Name	Breed	Age	Gender (M/F)	Spayed/Neutered	Years Owned

## **VETERINARIAN INFORMATION**

Current or Past Veterinarian & Phone #: \_\_\_\_\_

Are you able to afford a vet bill of \$500 (or more) for emergency veterinary care? \_\_\_\_\_

How much are you willing to spend on medical bills/maintenance per year?

**(MARK ALL THAT APPLY)**

Up to \$50	Up to \$500	Up to \$5,000
Up to \$100	Up to \$1,000	Whatever it takes

Have you ever adopted from the Newaygo County Animal Shelter? \_\_\_\_\_

Have you ever adopted from a different shelter or rescue? \_\_\_\_\_

Are you aware the potential commitment for your new pet could exceed 15 years? \_\_\_\_\_

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Are you willing to contact the Newaygo County Animal Shelter if you are unhappy with your adoption? \_\_\_\_\_

May a Newaygo County Animal Shelter representative make a follow-up visit? \_\_\_\_\_

## **Permission, Releases, Understanding and Certifications**

I hereby permit Newaygo County Animal Shelter, or its appointed representative to call anyone it may deem necessary to determine how I care for or have cared for my companion animals.

I hereby release to the Newaygo County Animal Shelter or its appointed representative all veterinary records of the animals I currently own or have owned.

I understand that, with care, pets can live 15 years or more and I am prepared to commit myself to the long-term care and safety of an animal I adopt from the Newaygo County Animal Shelter, and to have the animal spayed/neutered, if not already done at the time of the adoption.

I understand that the animal I am applying to adopt may require medical treatment that could result in significant veterinary bills. I will not hold the Newaygo County Animal Shelter accountable for the cost of veterinary treatment that this animal may require after adoption.

I understand, if a situation develops where it is necessary to give this animal up, I will promptly notify the Newaygo County Animal Shelter and return the animal to the Newaygo County Animal Shelter.

I certify that **ALL** the information is true and correct to the best of my knowledge and belief and I understand that any false information I supply may void the application.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Your Age \_\_\_\_\_ Date \_\_\_\_\_

<b>Applicant – Please present Driver's License with Application</b>
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