

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 _____

Applicant – Please present Driver’s License with Application