

Adoption Type: Dog Cat Name of animal: _____

Applicant Information:

Legal Full Name (First, Middle Initial, Last): _____

Maiden Name: _____ Date of Birth: _____

Driver's License Number: _____

Please list the full names and birthdates of **ALL** other adults (over 18 yrs of age) that live in the home. If more than two, please write on back of form:

Name: _____ DOB: _____

Name: _____ DOB: _____

Total number of children in your home: _____ Ages of children: _____

Current Address:

Street Address _____

City: _____ County: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Secondary Phone: _____

Email address: _____

Occupation or Source of Income: _____ Employer: _____

Do you: Rent Own A/An: Apartment House Trailer Condo

How long have you lived at this residence? _____

Are you planning to move in the near future: Yes No If yes, please explain: _____

Landlord's Name: _____ Phone Number: _____

Have you spoken with your landlord about restrictions and fees? Yes No

If yes, what are they: _____

Current and Past Animal Information

Vet Clinic's Name: _____ Phone Number: _____

Are all dogs and cats in home current on vaccines: Yes No Not Sure

Have you released records with your vet clinic? Yes No If no, please do so.

All dogs and cats must be current on their rabies vaccination before this application can be approved.

*** Please list any pets that currently live or have lived in the home within the past 5 years.**

Name of animal	Species	Breed	Indoor/Outdoor	Age	Spayed or Neutered	Gender M/F	Owned from Month/Year to Month/Year

(Please list additional pets on the back of the application)

Have you or anyone living in the home ever had to surrender/return an animal to a shelter or re-home with another person: Yes No If yes, please explain what kind of animal and the circumstances:

How many hours per day will this animal be left home without a person? _____

When the animal is outside they will be: circle all that apply

Fenced yard Invisible fence Tied Walked Loose Loose supervised

This animal will live: Strictly indoors Strictly Outdoors Indoors with outdoor time

Are there behavior issues or special needs that you are **not** willing to work with? Please circle all that apply:

Special Diet Vocal/Barking Jumping Litterbox Issues Potty-training
Dog Aggression Long term medication Other: _____

If adopting a cat:

Are any of the cats currently in the home declawed? Yes No

Are you planning to declaw your new cat: Yes No

If yes, please explain why: _____

Do you plan to let your new cat outside: Yes No

If yes, please explain: _____

Please list two references that do not live with you:

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

How did you hear about our shelter: _____

Please read the information below carefully before signing the application.

I understand that NAS has the right to accept or deny my application and may follow up on adoptions. I realize that NAS does not approve adoptions on a first-come, first-serve basis will take applications on an animal until an there is an approved adoption.

Please complete all sections because incomplete or inaccurate information may cause your application to be denied or not processed.

I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal.

Signature of Applicant _____ **Date** _____