

## **Adoption Application**

Adoption Type:	Dog	Cat	Nam	e of anii	mal:	
		Applicant Inf	ormation:			
Legal Full Name (F	irst, Middle	Initial, Last):				
Maiden Name:		I	Date of Birt	th:		
Driver's License Nu	ımber:					
Please list the full nam more than two, please			adults (over	18 yrs o	f age) that liv	e in the home. If
Name:	Date of Birth:					
Name:	Date of Birth:					
Total number of chi	ldren in you	r home:	Ages of o	children:	:	
Current Address:						
Street Address						
City:	Cou	nty:	State	:	Zip Coo	de:
Home/Cell Phone:		S	econdary P	hone:		
Email address:						
Occupation or Sour	Source of Income: Employer:					
Do you: Rent	Own	A/An: Apartm	ent H	Iouse	Trailer	Condo
How long have you l	ived at this re	sidence?				
Are you planning to r	nove in the n	ear future: Yes	No	If yes, 1	please explair	1:
Landlord's Name:			Pho	ne Numb	er:	
Have you spoken wit	h your landlo	rd about restriction	ns and fees?		Yes	No
If yes, what are they:						



## **Current and Past Animal Information**

Vet	Vet Clinic's Name:				Phone Number:				
Are	Are all dogs and cats in home current on vaccines:			on vaccines:	Yes	No	Not Su	ure	
curr	ent on their	rabies vac	cination be	fore this appl	lication	can be ap	and cats must be proved.		
Name	Species	Breed	Age	Spay/Neut	ered	Gender	In/Outdoor	Owned from Yr to Y	
(Plea	se list additi	onal pets or	the back of	f the application	on)				
	e you or any another pers	_	n the home o				nimal to a shelter I of animal and th	or re-home ne circumstances:	
with	hout a perso	on? 0-4	5-8	y will this an 9-12 Il be handled v	2				
Fen	-	s ioi now ui	Tied	Leash	when O	Loose	Loose	N/A	
yard		nce	1100	walked	1	_000	supervised		
This	animal wil	l live: Str	ictly indoo	rs Strictly	Outdo	ors In	doors with outd	loor time	



Please list two references that do not live with you: Name: Relationship:	Phone Number:
Name: Relationship:	Phone Number:
Traits you would like in your new companion:	
Child friendly (infant-12 years)	Teen friendly (13-18 years)
Likes to be held/picked up	Sits on laps
Potty/Litter box trained	Likes to cuddle/be pet Limited
Crate trained	Vocal/barking Dog friendly
Cat friendly/tolerant	
Energy level:	
Below, please briefly explain anything else you very process your application:	would like us to know or consider while we
How did you hear about our shelter:	



No

Yes

• 0			
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

Are any of the cats currently in the home declawed?

If yes, please explain:

If adopting a cat:

Please read the information below carefully before signing the application. Note: your name typed in the "Signature of Applicant" area below will be accepted as a signature.

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 and will take applications on an animal until there is an approved adoption.

Please complete all sections: 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