

Adoption Information

- Adoption Type ___ Dog ___ Cat Name of animal: _____

Have you met this animal in person? ___ Yes ___ No If yes, the date: _____

Applicant Information

YOUR INFORMATION

- First Name _____
- Middle _____
- Last Name _____
- Maiden Name _____
- Date of Birth _____
- Driver's License _____

OTHER ADULTS IN THE HOUSEHOLD (18 YRS AND OLDER)

- Name _____
- Maiden Name _____
- Date of Birth _____

- Street Address _____
- City _____ State _____ Zip Code _____
- Home Phone _____
- Work Phone _____
- Email Address _____

- Occupation or Source of Income _____
- Employer _____
- Is this your first cat/dog? ___ Yes ___ No
- Is Your Family:
 ___ Very Active ___ Moderately Active ___ Not Very Active ___ Quiet

Additional Information

RESIDENCE ___ OWN ___ RENT

- Residence Type
 ___ Apartment ___ Condo ___ House ___ Trailer
- If you rent, please provide landlord's name and please bring a copy of your lease prior to adoption.
- Landlord's Last Name _____
- Landlord's Phone Number _____
- In the event you need to move/relocate are you willing to find a home that will allow you to bring this animal with you? ___ Yes ___ No
- Are or will you be moving in the near future? ___ Yes ___ No
- If yes, when? _____
- My reason for adopting this animal is: (check all that apply)
 ___ Companion ___ Barn cat ___ For children ___ Mouser ___ Gift
 ___ Companion for other animal ___ Guard ___ Hunting ___ Other

- Is there any member of your household that has allergies to any animals? ____ Yes ____ No
If yes, to what type(s) _____
- Are they on any medications for their allergies? ____ Yes ____ No
- If no, are you willing to spend money on allergy shots or medication? ____ Yes ____ No
- I share my home with: Adults _____
- I share my home with: Children _____ Ages of children _____
- I have children that visit or live next door ____ Yes ____ No Ages _____
- Who will be responsible for the care of this animal? ____ Myself ____ Family Member
____ Children ____ All
- This animal will be left alone for _____ hours per day.
- Are you a frequent traveler? ____ Yes ____ No
- If yes, where will the animal stay while you're away? _____
- Where primarily will the animal live? ____ Inside ____ Outside
- If adopting a cat, do you plan to let them outside? ____ Yes ____ No
If yes, explain _____
- When animal is inside they will be: (check all that apply)
____ Crated ____ Room ____ Basement ____ Loose ____ Tied
- When animal is outside they will be: (check all that apply)
____ Fenced yard ____ Invisible fence ____ Tied ____ Runner ____ Walked ____ Loose
____ Supervised Loose

- Current/Previous Animals Please list pets you had or lived with in the past five years:

- Name _____

- Breed/Type _____

- Age ____ Sex: ____ Male ____ Female Spayed/Neutered: ____ Yes ____ No

- Where is the animal now? _____

- Vet & Phone # _____

PRIOR TO SUBMITTING YOUR APPLICATION PLEASE CALL YOUR VET CLINIC TO RELEASE YOUR PET RECORDS

- Name _____

- Breed/Type _____

- Age ____ Sex: ____ Male ____ Female Spayed/Neutered: ____ Yes ____ No

- Where is the animal now? _____

- Vet & Phone # _____

PRIOR TO SUBMITTING YOUR APPLICATION PLEASE CALL YOUR VET CLINIC TO RELEASE YOUR PET RECORDS

- Have you or your family ever surrendered/returned an animal to a shelter or given an animal away to another person before? ____ Yes ____ No

- If yes, please briefly explain why:

SKIP IF ADOPTING A DOG/PUPPY.

- Do you know how to train a cat to use a scratching post? Yes No
- Are you thinking about declawing? Yes No

SKIP THE NEXT FOUR QUESTIONS IF ADOPTING A CAT/KITTEN.

- Do you know how to house-train a dog/puppy? Yes No
- Do you know about crate training a dog/puppy? Yes No
- Are you planning on attending an obedience class with your new dog/puppy?
 Yes No
- Are you willing to take a minimum of 1-2 months to house-train, and allow the animal time to adjust to a new home with a new routine, people, and other animals?
 Yes No
- Are there behavior issues or special needs that you are **not** willing to work with?
 Special Diet Vocal/Barking Jumping Potty Training
 Dog Aggression

Other _____

- Please indicate the types of people and animals that your potential new companion will need to be comfortable with:

Large Dogs (40 lbs+) Small Dogs (30 lbs or less) Cats

Other _____

Elderly Teens Children (ages 6-12) Children (Infant – 5 yrs old)

Other _____

Please list two references that do not live with you.

- Name _____

- Relationship _____

- Reference Phone _____

- Name _____

- Relationship _____

- Reference Phone _____

- How did you hear about our shelter?

___ Adopted Before ___ Television ___ Special Event ___ Radio ___ Friend

___ Website ___ Newspaper Other _____

- Please indicate those items you would like to be emphasized at the time of adoption.

___ Vaccines/Annual Veterinary Exams ___ Heartworm Prevention

___ Flea & Tick Prevention ___ Exercise Requirements ___ Introduction to Other Pets

___ Litter Box Training/Litter ___ Nutrition/Feeding ___ Potty Training

___ Scratching Posts ___ Kennel/Crate Training ___ Soft Claws/Declaw Alternatives

Other _____

Please read the information below carefully before signing the application.

I understand that NAS has the right to accept or deny my application and will follow up on adoptions.

I realize that NAS does not approve adoptions on a first-come, first-serve basis and adoption approval is based on the animal's best interest.

I understand and agree that all pets in my household must be properly vaccinated before bringing my new pet home.

I certify that I am at least 18 years of age and that the information I have given is true.

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

I am fully aware that I am adopting a living creature and, as such, that the Neenah Animal Shelter is unable to guarantee the health of the animal. If the animal I adopt becomes ill, I certify that I am financially and/or emotionally prepared to treat this animal at my expense.

Signature of Applicant _____ Date _____