



# Adoption Application

Animal you wish to adopt: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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

**In order to be considered an adopter today, you must:**

- ✓ Be 21 years of age or older (ID Required)
- ✓ Provide current vaccine records on all current animals in household
- ✓ Pay full adoption fees
- ✓ Provide proof you can have the animal you are adopting at your residence
- ✓ Be willing and able to provide training, medical care and loving attention
- ✓ Bring current dogs to meet our shelter dogs (at discretion of Adoption Counselor/Management)
- ✓ Bring all household members to meet shelter dogs (at discretion of Adoption Counselor/Management)

What are your reasons for wanting a pet?

- Watchdog  
  Companion  
  Hunter  
  Breeder  
  House pet  
  Mouser  
  Companion for other pets  
 For children  
  Gift for \_\_\_\_\_  
  Other \_\_\_\_\_

**Home Information:** (Select One)

- Own House  
  Own Condo/Apartment  
  Rent a House  
  Rent Condo/Apartment  
 Government Assistance  
 Other: \_\_\_\_\_

If you rent what is the name and phone number of your Landlord, Condo/Home Owner's Association, Property Manager/Agent?

\_\_\_\_\_

How long have you lived at current address? \_\_\_\_\_

Are you planning on moving within the next 6 months?    YES    NO

If you move, what will you do with your pets? \_\_\_\_\_

Do you have access to a yard?    YES    NO   The yard is:    OPEN    ENCLOSED   Height of fence: \_\_\_\_\_

Who will be responsible for the care of the pet? \_\_\_\_\_

Length of time during the day pet will be left alone. \_\_\_\_\_

Where will pet be kept during day? \_\_\_\_\_ Night? \_\_\_\_\_

Does anyone in household have animal allergies? \_\_\_\_\_

Have you ever adopted from this shelter before? YES NO when? \_\_\_\_\_

Have you ever brought an animal to an animal shelter under any circumstances?  YES  NO

What was the reason? \_\_\_\_\_

Including yourself, please list the NAMES and AGES of all members of your household:

Name	Age	Name	Age

Name of your Veterinarian or Veterinary Hospital \_\_\_\_\_

PET HISTORY: **In the past 5 years**, what pets have you owned (include those pets that have passed)? What pets do you have currently in your home? Please include all animals at the residence whether you own them or not. Also, include any small caged pets & barnyard animals.

Name	Breed or type	Age	Sex	Spayed or neutered?		Kept where?		If no longer owned, what happened to the pet?
				yes	no	in	out	

Do you object to the Cape Coral Animal Shelter inspecting your premises?  YES  NO

Please check ALL the following topics you would like to discuss with the Adoption Counselor:

- Cost
- Digging
- Introducing other pets
- Jumping
- Barking
- Vaccinations
- Indoors vs. Outdoors
- Crate Training
- Housebreaking
- Obedience Training
- Declawing
- Feeding
- Exercising
- Introducing Children
- Litter training
- Scratching objects
- Other \_\_\_\_\_

**THERE ARE SOME DAYS THAT THE ADOPTION PROCESS CAN TAKE 1-2 HOURS:** You will be talking to our staff or volunteers, meeting and socializing with the pet you are interested in, reviewing the responsibilities that you will assume, and learning about inoculations, training, food, etc. All of this can take time, but it is time well invested, considering that a well-cared for dog or cat may live 10-18 years! Therefore, we ask for your patience and cooperation in this joyful process of bringing people and animals together.

I HEREBY RELEASE TO THE CAPE CORAL ANIMAL SHELTER CORPORATION VETERINARY RECORDS OF ANY AND ALL ANIMALS I OWN OR HAVE OWNED. I CERTIFY THAT I AM 21 YEARS OF AGE OR OVER AND THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE AND THAT I UNDERSTAND THAT FALSE INFORMATION OR UNANSWERED QUESTIONS MAY VOID THE APPLICATION. I ALSO UNDERSTAND THAT THE CAPE CORAL ANIMAL SHELTER RESERVES THE RIGHT TO DENY ANY ADOPTION APPLICATION WITH OR WITHOUT CAUSE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>STAFF USE ONLY:</b>			
<input type="checkbox"/> VET CHECKED	<input type="checkbox"/> LANDLORD CHECK	<input type="checkbox"/> ADOPTER CHECK	Counselor Initials _____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED (specify reason)	<input type="checkbox"/> PENDING	<input type="checkbox"/> PLACED ON HOLD until _____
ANIMAL ID # _____ ANIMAL NAME _____			
Comments: _____			
_____			