

ADOPTION APPLICATION



Animal Name: _____

Today's Date: ____/____/____

The Animal Care Shelter for Kent County reserves the right to refuse adoption of an animal to anyone who falsifies information or fails to comply with ACSKC's standards of animal care. Failure to provide complete information may result in delays in processing or denial. It is at the sole discretion of the ACSKC to determine the appropriate match with the type of home that best provides for the specific animal's needs. PLEASE COMPLETE ALL INFORMATION BELOW

Last Name: _____ First Name: _____

Spouse/Partner/Roommate Name: _____

Home/Cell Phone: () _____

Email Address: _____

Street Address: _____

City/State/Zip: _____

County/Township: _____ How long have you lived at this address? _____

DO YOU: RENT / OWN? (ACSKC will check property records to ensure ownership)

If renting, landlord's name: _____ Phone: () _____

Your Occupation: _____ Employer: _____

Spouse's/Partner's Occupation: _____ Employer: _____

Please list all pets that CURRENTLY live with you:

NAME	BREED/TYPE	AGE	ALTERED	WHERE KEPT	OFFICE USE ONLY
			YES / NO	IN / OUT	
			YES / NO	IN / OUT	
			YES / NO	IN / OUT	
			YES / NO	IN / OUT	
			YES / NO	IN / OUT	

Name of current veterinarian: _____ Phone () _____

Please list PREVIOUSLY owned pets (within past 5 years)

NAME	BREED/TYPE	YEARS OWNED	WHAT HAPPENED TO THIS PET?	WHERE KEPT
				IN / OUT
				IN / OUT
				IN / OUT

Have you ever adopted from our shelter before? YES NO If so, when? _____

How did you hear about our shelter / this animal? (Circle all that apply)

Facebook Instagram Petfinder Adopt a Pet Our Website Local Other _____

PLEASE ANSWER THE FOLLOWING:

1. **Is this your first experience owning a pet?** YES / NO
2. **Your reason for adoption? (Circle all that apply)** House Pet Guard Dog Gift For Child
To Breed Farm Pet Companion for another pet Other: _____
3. **How many hours each day will the animal be left alone?** _____
4. **Where will the animal be kept when you are gone?** _____
5. **How do you plan to keep this animal contained on your property? (Circle all that apply)**
Outdoor Kennel In the House In a Garage Fenced Yard Trolley System
Invisible/Underground Fencing On Patio/Porch Other: _____
6. **If there are children living in the household, how many? Ages?** _____
7. **If you are adopting a cat, do you plan to declaw?** YES / NO
8. **If you are adopting a dog, do you plan to crop ears or dock tails?** YES / NO

I, _____ hereby grant permission The Animal Care Shelter for Kent County to contact my veterinarian and local animal control agency to obtain information related to my current and previously-owned pets in order to verify information on this application.

Signature

Date

Thank you for completing this application! Please allow our staff at least two business days to process the information and contact you.

--- FOR OFFICE USE ONLY ---

DATE/NOTES/STAFF INITIALS

LANDLORD APPROVAL	YES NO	
SHOTS UP TO DATE	YES NO	
ANIMAL CONTROL		
REFERENCES		
MEET & GREET REQUIRED?	YES NO	

ADOPTION: APPROVED

ADOPTER CONTACTED ON: ____/____/____ SCHEDULED TO PICK UP ON: ____/____/____

SPAY/NEUTER DATE: ____/____/____ VETERINARIAN SCHEDULED WITH: _____

ADOPTION: DENIED

APPLICANT CONTACTED ON ____/____/____ EDUCATION OFFERED? YES NO

REASON/COMMENTS:

Revised 7/21/2020