



# APPLICATION FOR ADOPTION

Who are you applying for? \_\_\_\_\_

## Applicant Information

Last Name:		Legal First Name:	Middle Initial
Date of birth:		Email:	Phone:
Current address:			
City:		State:	ZIP Code:
<input type="checkbox"/> Own <input type="checkbox"/> Rent   Check one		Landlord:	Phone:

## Employment Information

Current Employer:		Employed Since?
Phone:	E-mail:	Fax:
Position:		

## Co-Owner/Other Persons Living at the Residence

Last Name:		Legal First Name:	Middle Initial
Date of birth:		Email:	Phone:

## Employment Information

Current Employer:		Employed Since?
Phone:	E-mail:	Fax:
Position:		

## Number of persons in household:

Adults:	Children 13-17:	Children 6-12:	Children 0-5:
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## Please list all current and past pets below

Pet's Name	Dog/Cat/Other	How long did you have the animal?	Outcome (died/living/rehomed/other)	Spayed/Neutered? Yes or No	Adopted from ACAS?

## Personal References (cannot be a relative)

Name:	Address:	Phone:

**Veterinarian Reference – where you have vetted your current and previous animals**

Office:	Address:	Phone:
Office:	Address:	Phone:

Name records are listed under:

**How much do you expect to spend each year on the following**

Vet care: \$	Food: \$	Grooming/Boarding, Etc. \$
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**Please answer the following**

Who will be the primary caregiver for this pet?

How many hours per day will the pet be left alone?

Where will the pet be kept when you are home?	Where will the pet be kept when you are not home?
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Would you like to make an additional donation to help the shelter animals? _____Yes _____No	If YES, please indicate amount to be added to your receipt: \$ _____
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I certify that all of the above information is true and correct and give my permission to contact any person listed on this application. I further understand that if the animal is returned within five days of adoption, the adoption fee will be refunded. If returned after five days of adoption, the fee is nonrefundable.

Signature of applicant:	Date:
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Signature of co-applicant:	Date:
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**ADDITIONAL NOTES:**

**FOR OFFICE USE ONLY**

Checked AC records:	Initials/Date Checked _____	APPLICATION APPROVED: _____
		Initials/Date
Vet Reference Check:	Initials/Date Checked _____	
Personal Reference Check:	Initials/Date Checked _____	APPLICATION DENIED: _____
		Initials/Date
Background Check:	Initials/Date Checked _____	
Applicant was information of decision:	Initials/Date Called _____	