



# Wythe County Animal Control

## ADOPTION APPLICATION

***It will take up to 72 hours to process your application. We will not process this application unless it is COMPLETE! You will only be called if you are approved. We will not return calls to persons not approved!***

Date \_\_\_\_\_

Specific Animal's Name You're Interested in (optional) \_\_\_\_\_

Applicant Name \_\_\_\_\_

Co-applicant's Name \_\_\_\_\_ Co-applicant's Relationship *spouse, roommate, etc.* \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Primary reason you want to adopt? \_\_\_ FAMILY \_\_\_ GIFT \_\_\_ PROTECTION \_\_\_ HUNTING

Check all that apply: I \_\_\_ HAVE A JOB \_\_\_ AM A HOMEMAKER \_\_\_ AM A STUDENT

If you are a student, what is your current year of enrollment? \_\_\_\_\_

Check all sources of income: \_\_\_ SELF \_\_\_ CO-APPLICANT \_\_\_ RETIREMENT \_\_\_ GOVERNMENT PROGRAM

How many adults live in your household? \_\_\_\_\_ How many children? \_\_\_\_\_ How old are the children? \_\_\_\_\_

Please tell us about the children's experience with pets: \_\_\_\_\_

Is anyone in your household allergic to dogs? \_\_\_\_\_

Do you \_\_\_ RENT or \_\_\_ OWN?

Do you live in a \_\_\_ HOUSE \_\_\_ APARTMENT \_\_\_ TOWNHOME \_\_\_ MOBILE HOME \_\_\_ OTHER: \_\_\_\_\_?

How long have you lived at your present address? \_\_\_\_\_

***IF YOU RENT, WE WILL NEED TO CONTACT YOUR LANDLORD OR MANAGEMENT COMPANY***

Please provide their name and telephone number \_\_\_\_\_

**Please list ALL pets owned currently**

*please include animal type, breeds, age if living circle male or female and yes or no neutered/spayed.*

- |                       |             |           |       |                       |
|-----------------------|-------------|-----------|-------|-----------------------|
| 1.) Cat / Dog / Other | Breed _____ | Age _____ | M / F | Neutered/Spayed Y / N |
| 2.) Cat / Dog / Other | Breed _____ | Age _____ | M / F | Neutered/Spayed Y / N |
| 3.) Cat / Dog / Other | Breed _____ | Age _____ | M / F | Neutered/Spayed Y / N |
| 4.) Cat / Dog / Other | Breed _____ | Age _____ | M / F | Neutered/Spayed Y / N |
| 5.) Cat / Dog / Other | Breed _____ | Age _____ | M / F | Neutered/Spayed Y / N |

**Please list ALL pets owned in the past 15 years:**

*please include animal type, breeds, age if living, male or female and spayed or neutered.*

**Please list Veterinarians with phone numbers for living or deceased pets in the last 10 years:**

*Out of town application will not be processed without phone numbers!*

Are all pets up to date on vaccinations? \_\_\_\_\_

Have you ever had to give up a pet? \_\_\_\_\_

If yes, why? Where did you take it? \_\_\_\_\_

Have you ever lost a pet to illness or injury? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Where would your new pet be kept during the day?

Where would it sleep at night?

How long would the animal be left alone each day?

How and where would it be confined?

How often?

Do you have a yard? Y / N

If yes, is it fenced? Y / N If yes, height \_\_\_\_\_ construction \_\_\_\_\_ attached to home Y / N size \_\_\_\_\_

If no, how would you manage elimination, exercise/playtime?

How would your new pet be cared for during overnight absences or vacations?

Are you prepared to spend \$400-\$600 a year on your new companion? \_\_\_\_\_

Under what circumstances would you consider giving up your pet? Check all that apply:

- Chewing       Barking       Digging       Housebreaking issues
- Jumping/Climbing out of enclosure or running away       Moving
- Shedding       Allergies       Jumping on furniture       Medical Expenses/Illness
- Aggressive toward pets/ family members       Other: \_\_\_\_\_

Please include a reference (not a family member):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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I am willing and financially able to make the necessary financial commitment to care for a pet by providing veterinary care, including routine vaccinations and proper nutrition, for the life of the pet.  YES  NO

I authorize a vet reference to be obtained by Wythe County Animal Shelter?  YES  NO

I understand that a pet can live 15 years or longer. After giving very careful thought and consideration to all the responsibilities of pet ownership and my future lifestyle commitments, I would be able to care for a pet for its entire lifespan.  YES  NO

I am fully prepared to make the commitment of time to care for a pet by providing training, regular exercise, grooming, and human interaction for the life of the pet.  YES  NO

**If for any reason you can no longer care for this animal you must contact Wythe County Animal Shelter FIRST.**

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By signing, I hereby state that I have never been convicted of animal cruelty, neglect, or abandonment of any animal or animals.

I certify that the above information is correct, and I understand that the Wythe County Animal Control has the right to verify this information.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*Please bring your completed application to our office at the shelter or send it to animalcontrol@wytheco.org*

*ELECTRONIC SUBMISSION OF THIS APPLICATION WILL SERVE AS SIGNATURE*