

Office use only

Adoption Application

Name:	DOB:	
Address:		Apartment #:
City/State:		Zip code:
Phone:	Other Phone:	
Your email:		
Number of adults in household: Number		
Ages of children:		
Are all household members aware that you are co	nsidering adopting a ne	ew pet? Yes / No
Do you have any other pets, if so what kind and he	ow many?	
Name and phone number of your Veterinarian?		
The activity level of your home is: Quiet / Active /	Very Active	
Do you: Own / Rent		
In what type of home do you live: House / Apartn	ient / Condo / Mobile H	Home / Group Housing
Do you have a fenced in yard?		
If you rent, what are your landlord's pet policies?	(i.e. fees, breed/weight	restrictions)
What is the name and telephone number of your	andlord ?	

YOUR NEW PET

Is this pet for you? Yes /	No If not, for whom?
Why have you chosen to	adopt this pet?
•	be any major lifestyle changes in the near future?(i.e. moving, caring for an elderly relative in your home, etc.) If so, please explain
Who will be the p	rimary caretaker of your new pet?
, , 	to handle any behavioral problems that may arise with this
What characterist	ics do you/your family desire in a pet?

Please note that filling out this adoption application does NOT guarantee that the animal you are applying for will be adopted to you. This application simply helps us to determine if you and the animal for which you are applying are a good match.

I understand that the Hendricks County Animal Shelter has the right to approve or deny this application in accordance with its policies. I certify that the information I have given in this application for a companion animal is true and correct to the best of my knowledge.

Applicant's Signature:	Date:
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