

Office use only

Adoption Application

| Name: | DOB: | |
|-------------------------------------|--|------------------------|
| Address: | | Apartment #: |
| City/State: | | Zip code: |
| Phone: | Other Phone: | |
| Your email: | | |
| | Number of children: | |
| Ages of children: | _ | |
| Are all household members aware | e that you are considering adopting a | new pet? Yes / No |
| Do you have any other pets, if so v | what kind and how 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 / Apartment / Condo / Mobil | e Home / Group Housing |
| Do you have a fenced in yard? | | |
| If you rent, what are your landlord | d's pet policies? (i.e. fees, breed/weig | ght restrictions) |
| What is the name and telephone r | number of your landlord ? | |

YOUR NEW PET

| Is this pet for you? Yes / No If not, for whom? | |
|---|--|
| Why have you chosen to adopt this pet? | |
| Are there likely to be any major lifestyle char expecting a child, caring for an elderly relative here: | e in your home, etc.) If so, please explain |
| Who will be the primary caretaker of your ne | |
| How do you plan to handle any behavioral pr | · |
| What characteristics do you/your family desi | re in a pet? |
| | |
| Please note that filling out this adoption appl animal you are applying for will be adopted t determine if you and the animal for which yo | o you. This application simply helps us to |
| I understand that the Hendricks County Anim this application in accordance with its policie in this application for a companion animal is knowledge. | s. I certify that the information I have given |
| Applicant's Signature: | Date: |