

# Gibson County Animal Services

## Adoption Application

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Occupation: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact (not in your household) Name & Phone Number:

\_\_\_\_\_

### **Emergency Contact is REQUIRED!**

Is everyone in your family agreeable to having this pet? \_\_\_\_\_

Who will be primarily responsible for your pet's care? \_\_\_\_\_

Other family members living at home:

Spouse/Partner: \_\_\_\_\_

Children

Name: \_\_\_\_\_ age: \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_

Is yours :

Single family home? \_\_\_\_\_ Townhouse/Apartment \_\_\_\_\_ Other \_\_\_\_\_

Do you \_\_\_\_\_ Own? \_\_\_\_\_ Rent? Landlord Phone # \_\_\_\_\_

If you rent, are pets allowed? \_\_\_\_\_

Are there any covenants or restrictions where you live on pets that you can own? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Does fencing completely enclose your yard? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, how do you intend to keep the animal confined?

\_\_\_\_\_  
Is someone normally home during the day? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many hours will the animal be alone? \_\_\_\_\_

Will this animal be inside or outside? \_\_\_\_\_

\_\_\_\_\_

**Do you currently own one or more dog? \_\_\_\_Yes \_\_\_\_No**

**If yes, how many? \_\_\_\_\_**

**Name(s):\_\_\_\_\_**

**Are they spayed or neutered?\_\_\_\_\_**

**If no, why not?**

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**Do you currently own one or more cats? \_\_\_\_Yes \_\_\_\_No**

**If yes, how many? \_\_\_\_\_**

**Name(s)\_\_\_\_\_**

**Are they spayed or neutered? \_\_\_\_**

**If no, why not?\_\_\_\_\_**

**Please list any other pets you currently own.\_\_\_\_\_**

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**Are your animals current on their vaccinations as required by law?\_\_**

**If not please explain:\_\_\_\_\_**

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**Do you intend on administering heartworm preventative monthly?**

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**Have you ever used the services of a veterinarian?\_\_\_\_Yes\_\_\_\_No**

**If yes, which veterinarian?\_\_\_\_\_**

**May we call your veterinarian for a reference?\_\_\_\_Yes\_\_\_\_No\_\_**

**Phone Number\_\_\_\_\_**

**Have you ever turned your own animal into a shelter?\_\_\_\_Yes\_\_\_\_No**

**If yes, please explain\_\_\_\_\_**

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**All of the information I have given in this questionnaire is true and complete. Should an animal be placed with me, it will reside in my home as a pet. I agree to provide adequate food, water, shelter, affection, and medical care. I understand about the temperament, habits, and physical condition of the animals available for adoption. G.C.A.S. is in no way liable or responsible for any damage, accident, or injury resulting from the placement of this animal into my household. G.C.A.S. reserves the right to deny adoptions for any reason.**

**Applicant's Signature:\_\_\_\_\_Date:\_\_\_\_\_**

**Application Approved By:\_\_\_\_\_Date:\_\_\_\_\_**

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