

# Pulaski County Animal Shelter Pet Adoption Application

Date \_\_\_\_\_

Animal Being Adopted \_\_\_\_\_ Spay/Neuter Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pet Desired: Dog / Cat Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

1. Number of adults in household \_\_\_\_\_ Age of each child \_\_\_\_\_

2. Any Person in household with known allergies to animals? Y / N

3. Do you: Own / Rent - (Circle One) House Apartment Mobile Home Other

4. Is housing: Permanent /Temporary Landlord Phone \_\_\_\_\_

5. Do you have a fenced yard? Y / N

6. Will your pet be mainly Inside / Outside

7. Please list current pets: \_\_\_\_\_

8. Spayed or neutered?: Y / N Y / N Y / N Y / N

9. Are you aware all pets adopted from this facility will be spayed/neutered? Y / N

10. Will you be able to provide the funds necessary for a proper diet, licensing fees, vaccinations and vet care? Y / N

**11. If you do not bring your animal back for surgery we will pick your animal back up and you will lose your adoption fee. Initial \_\_\_\_\_**

\_\_\_\_\_  
Signature Date

----- OFFICE ONLY -----

Application approved Y / N (if no, explain why on back) Fee Paid \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
Date