

**ADOPTION APPLICATION**  
(Please print)

NAME: \_\_\_\_\_ DRIVER'S LICENSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

All persons interested in adopting a pet from our shelter must complete this questionnaire. Please do not consider it an intrusion. This information will help us place our animals in the best possible home, and at the same time find the best possible pet for you.

1. What type of pet are you looking for? Dog Puppy Cat Kitten
2. Why do you want this pet? \_\_\_\_\_  
\_\_\_\_\_

3. Do you want this pet for: Yourself? \_\_\_ Your family? \_\_\_ Someone else? \_\_\_

4. Where do you live? Apartment \_\_\_ House \_\_\_ Duplex \_\_\_ Mobile home park \_\_\_

5. Are you the legal property owner? Yes \_\_\_ No \_\_\_ Are you allowed pets? Yes \_\_\_ No \_\_\_

Owner/Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we verify this information? Yes \_\_\_ No \_\_\_

***We must verify that the property owner agrees to the adoption of this pet. If you are unable to verify this while you are here, we will hold the animal for 24 hours only, so you can obtain that verification.***

6. Would you object to a representative of Animal Services visiting the animal and the premises where the animal is being kept? Yes \_\_\_ No \_\_\_

***We require a fence check for certain dogs and reserve the right to visit the potential adopter's home before placement of any animal.***

7. How many children live at your house? \_\_\_ Ages: \_\_\_\_\_

How many adults, besides yourself, live in the household? \_\_\_\_\_

8. Are all adult household members aware that you are adopting a pet? Yes \_\_\_ No \_\_\_

9. Do any household members have allergies affected by pets? Yes \_\_\_ No \_\_\_

10. Who will be responsible for taking care of the new pet? \_\_\_\_\_

Will this pet be alone during the day? Yes \_\_\_ No \_\_\_ How do you plan to care for the pet during the work day? \_\_\_\_\_

11. How do you plan to keep the pet from running away? \_\_\_\_\_

Continued on other side.

12. How will the pet be cared for if you have to go out of town? \_\_\_\_\_  
\_\_\_\_\_

13. If your pet exhibits destructive behavior such as chewing, scratching or digging, how will you deal with it? \_\_\_\_\_

14. Do you have other animals? Y/N \_\_\_ How many? \_\_\_ What kind? \_\_\_\_\_

**All currently owned dogs within Thurston County and cats within city limits of Olympia, Lacey and Tumwater must be licensed before adopting a new pet.**

15. How many dogs or cats have you owned in the past 5 years? Dogs: \_\_\_ Cats: \_\_\_  
Where are they now? \_\_\_\_\_

16. Have you had a dog or cat become ill from a disease such as distemper, feline leukemia or parvo? Yes \_\_\_ No \_\_\_ If yes, how long ago? \_\_\_\_\_

17. Do your other animals have up-to-date vaccinations? Yes \_\_\_ No \_\_\_

18. Do you have a regular veterinarian? Yes \_\_\_ No \_\_\_ If yes, to which clinic do you take your pets? \_\_\_\_\_

19. Will your new pet live inside? \_\_\_ Outside? \_\_\_ If outside, what arrangements are you making for safety and shelter? \_\_\_\_\_

Where will your new pet sleep? \_\_\_\_\_

20. If adopting a dog or puppy, is there a yard available? Yes \_\_\_ No \_\_\_

Is it fenced? Yes \_\_\_ No \_\_\_ If yes, what type? \_\_\_\_\_

21. If you move, what will you do with this pet? \_\_\_\_\_  
\_\_\_\_\_

22. If adopting a dog or puppy, how will you house-train it? \_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information is true and accurate to the best of my knowledge and that falsification of this information can be cause for denial of my application or revocation of the contract.**

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

**OFFICE USE ONLY.....**

Information checked by: \_\_\_\_\_ Approved: \_\_\_ Refused: \_\_\_\_\_

License numbers of other animals: \_\_\_\_\_

Reason refused: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_