

Staff Use Only

_____ Approved

_____ Denied

_____ Staff Initial



young-williams
animal center

Thank You for allowing the Young-Williams Animal Center to assist you in selecting a pet to join your household!

Animals Name _____ **Approx. Age** _____ **Shelter #** _____

Adoption Counselor: _____

Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Describe Your Residence: _____ Single Family Home _____ Apartment _____ Dorm
_____ Condo _____ Multi-Family Home _____ Mobile Home

Ownership of Residence: _____ I Own _____ I Rent

If You Rent: Landlord's Name and Phone Number: (REQUIRED)

Do all the adults that live in your home agree with this pet adoption? ___ Yes ___ No

Number of Adults in your home: _____ Number of Children _____

Have all family member's met this pet? ___ Yes ___ No

Please list the children's ages: _____

Are you currently expecting a child? _____ Planning for a child? _____

If you or your spouse becomes pregnant, what will you do about your pet(s)?

Does anyone in your household have pet allergies? ___ Yes ___ No
(please turn over...)

Please list all pets owned in the past 5 years:

<u>Type/Breed</u>	<u>Age</u>	<u>Name</u>	<u>Spayed/Neutered?</u>	<u>Still Own (Y/N)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many hours a day will your pet be left alone? _____

Where will your pet be during the day? _____

At night? _____

Do you have a fenced yard? _____ **Approx. Size of Fenced Area** _____

How do you plan to confine this pet to your property? _____

Where will your pet stay if you are out of town? _____

If you move, what will you do with this pet? _____

What would be some reasons you would return this animal to YWAC? _____

Will you consent to have an Animal Control Officer visit your home? ___ Yes ___ No

If No, why not? _____

Who is your veterinarian? _____

When was your last visit? _____ Why? _____

Are you aware of the annual vaccines/HW preventitive required? ___ Yes ___ No

How much are you planning to budget per month for pet care? _____

How did you find out about Young-Williams Animal Center? _____

How did you find out about pet you want to adopt? _____

I certify that I am at least 18 years old and that the information I have given above is true. I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal and I understand that the YWAC has the right to deny my application. I am aware that I am adopting a living creature and, as such, that the YWAC cannot guarantee the health of the animal. I also understand that the age and size of the animal is an estimate determined by the staff of YWAC, and by signing below, I understand that I am not entitled to a discount or refund should an age discrepancy be determined by my veterinarian.

Adopter's Name Printed

Date

Signature