# DOG ADOPTION APPLICATION

Clinton Animal Shelter
1307 N. Washington
Clinton, MO 64735
660-885-7999

Today's Date: _____

Animal's Name:_____

NAME (Adopter's):

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

CELL:

EMAIL:

EMERGENCY CONTACT (This should be a person **not** within the household. Used for microchip): Name: Phone:

Have you ever had a puppy that had Parvo?

If so, when and at your current home?

Do you own or rent your home?

If rent, landlord's contact information:

Any breed restrictions in your area?

Do you have a fenced in area?

If yes, what kind of fence?

Initial _____

Do you live near a busy road?

Are there lots of kids in your neighborhood?

Are there aggressive dogs in your neighborhood?

Do all the adults in the house want to adopt a dog?

How many people live in the home?

If kids, what are their ages?

Do you have any other pets?

What type/breed?

Age/Sex?

Spayed or neutered?

Temperament?

Do they get along with other dogs?

Brief description of history of dog ownership:

Where will the dog spend the day?

Where will the dog be during the day when you are gone?

Where will the dog spend the night?

What issues will you be unwilling to work with?

What would be your actions of correction?

Initial _____

**Veterinarian information you are using if you currently have a pet or if you do not have a pet the veterinarian you used in the past.**

Veterinarian's Name:

Veterinarian's Phone:

**Two Personal References – Not a family member:**

1. Name:

   Contact Phone Number:

   Your relationship with this person?

2. Name:

   Contact Phone Number:

   Your relationship with this person?

Initial _____

With the adoption application being processed and accepted, your new companion pet will be spayed or neutered, up to date and current on the following yearly vaccinations. Distemper/Parvo, Bordetella (intra nasal kennel cough prevention) and rabies. It is important to not the original dates the vaccines were given and to follow through each year. Also, your new pet was heartworm checked when coming into the shelter and started on preventive. Keep this preventive current or your pet could get heartworms.

Your new friend will also receive a microchip. The shelter staff will do the initial registration of the chip for you. After that point it will be your responsibility to keep the information updated. The contact information on your application will be the information registered to the chip. In case of a change in any of this registered information such as your personal name change, phone number change or address change, please notify the microchip manufacturer immediately with any changes.

By signing this application, you are agreeing to take care of the dog, provide proper vet care including continued yearly vaccines, feed him/her good quality food, provide water at all times, exercise the dog appropriately (usually at least 1 hour daily), and teach the dog to behave properly. You are also agreeing to allow Clinton Animal Shelter to contact personal references listed. You are also agreeing to keep the dog indoors at night and with your family during the day as much as possible. No Clinton Animal Shelter dog is allowed to be chained or be considered an outdoor dog. If the pet becomes missing or lost you agree to contact your local humane society, friends, neighbors and family members ALONG with the Clinton Animal Shelter ASAP at 660-885-7999. Also, by signing this form you realize that you are taking full responsibility of said pet and responsible for any damage or injury that the said pet may cause.

**If for any reason the animal does not work out, you agree the animal will be returned to the Clinton Animal Shelter. You agree not to rehome the pet.**

Thank you for making adoption the first option in your choice of a new family member.

I, the Adopter, certify I agree with all statements made in the above agreement.

_____
Adopter Signature

_____
Adopter Printed Name

_____
Date

**LANDLORD INFORMATION AND PET APPROVAL**

I,_____(print) am the landlord, owner, or management company for the following apartment complex/home/duplex _____ located at _____.

I approve my tenant (name) _____

to have a pet DOG CAT (circle one) at the address listed above.

_____

Signature of landlord/owner

_____

Contact phone number and email address

Initial _____