



# MARION COUNTY DOG CONTROL & SHELTER

## ADOPTION APPLICATION

The Marion County Dog Shelter is a non-profit government organization committed to the dogs in our care. We consider pet ownership a serious responsibility. By adopting, you are making a commitment to care for a dog for the rest of his/her life, which may be 12 years or more.

The dog's welfare is our primary consideration. We reserve the right to refuse adoption to anyone for any reason. Potential adopters will not be approved if they mislead or fail to provide accurate information on this application. To ensure this pet adoption is in the best interest of you and the dog you select, please provide the following information.

To be considered as an adopter, you must:

- be 18 years of age or older
- provide photo ID with proof of name, age, and address
- have the consent of your landlord, if you rent
- proof of home ownership (i.e., mortgage statement, property tax statement, etc.)
- be able to adequately confine a dog on your property
- be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a dog for the rest of its life

Adopter's Full Name:	Date:
Address:	Home Phone:
City, State, Zip:	Cell Phone:
County you reside in:	Work Phone:
Occupation:	Spouse's Occupation:
Email Address:	

Do you rent?     Yes     No    Please list any pet restrictions: \_\_\_\_\_

\_\_\_\_\_

Landlord's name: \_\_\_\_\_

Landlord's phone number: \_\_\_\_\_

Have you ever been in violation of a Dog Control Code or State Law?     Yes     No

If yes, please explain: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why would you like to adopt a dog? \_\_\_\_\_

Household Information: Please list everyone in your household (include the ages of children):

Your Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

*Continued on back*

Are there any children not listed above who visit frequently?  Yes  No Age: \_\_\_\_\_

Are there any major changes planned for your household in the next year (move, new baby, etc.)?

Yes  No If yes, please explain: \_\_\_\_\_

Do any members of your household have known allergies to dogs?  Yes  No

Who will be primarily responsible for the care and supervision of this dog? \_\_\_\_\_

Pet Ownership History: Please list all of your pets in the last 5 years, **including those you no longer have.**

Type	Breed	Age	Gender	Spay/Neutered?	How long owned?	Still own? If no, why?

Veterinarian and Clinic Name you use: \_\_\_\_\_

Do any of your current pets have any existing health problems or conditions? \_\_\_\_\_

How will you confine this dog to your property outdoors? \_\_\_\_\_

What circumstances, if any, would cause you to re-home this new dog? \_\_\_\_\_

Where will the dog be kept when its home alone? \_\_\_\_\_

How much would you expect to pay annually for food, vet care, grooming, etc.? \_\_\_\_\_

Your new dog may bark, chew, or soil your home. How will you handle this? \_\_\_\_\_

What concerns, if any, do you have about adopting a dog? \_\_\_\_\_

**I certify that the above is true, and understand that false information may nullify the adoption. I understand this is only an application and does not entitle me to adopt a dog from the Marion County Dog Shelter. I agree that this application remains the property of Marion County Dog Shelter.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>MCDC Use Only</b>		
Adoption Counselor: _____	Application Reviewed By: _____	IAMS file checked by: _____
Result: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (List concerns): _____		
_____		