

## Adoption Application City of Searcy

I am interested in adopting \_\_\_\_\_

The purpose of our adoption program is to find responsible, lifelong homes for animals suitable as family pets. If you wish to adopt an animal, please complete this application. **All fields are required.**

**Incomplete applications will not be considered.**

Completion of this form does not guarantee that an animal will be adopted to you. Animals are NOT adopted on a "first come" basis. Applications may be held for 24 hrs before approval.

Please Print Clearly:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Please provide the following information: Do you live in a: House  Duplex  Apartment

Do you: Own  Rent  If you rent, are pets allowed? Yes  No

What is the purpose for adoption? Companionship  Guard Dog  Alarm Dog  Gift

Do you have a fenced yard: Yes  No  If yes, what kind: \_\_\_\_\_

Is the dog or cat going to be indoors or outdoors: \_\_\_\_\_

What behaviors would you not tolerate in your animal \_\_\_\_\_

Do you have children at home under the age of 13: Yes  No  Ages \_\_\_\_\_

Do you own pets now: Yes  No  If yes, describe number and kind: \_\_\_\_\_

Do you have financial means and are you willing to provide food, shelter, medical treatment, vaccination, city license and companionship for your new animal? Yes  No

Who do you use for veterinarian services: \_\_\_\_\_

Have you ever adopted from a shelter: Yes  No  If yes, where? \_\_\_\_\_

**I understand that all animals adopted from this shelter must be spayed/neutered and vaccinated for rabies by a licensed veterinarian. I affirm that these answers are true and correct to the best of my knowledge.**

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