

# Luce County Animal Shelter

## Adoption Application

The ownership of a pet is a serious responsibility that requires a long-term commitment. The goal of the Luce County Animal Shelter is to find responsible, lifelong homes for animals who will be suitable family companions. In order to accomplish this goal, we need to acknowledge the needs of both the animal and their prospective adopters. The information you provide on this application will help us determine this suitability.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_ (Home) Telephone \_\_\_\_\_ (Cell) Telephone \_\_\_\_\_ (W)

Are you (the applicant) 18 years or older? \_\_\_\_\_

Number of adults in household \_\_\_\_\_

Number of children in household, with sex and ages \_\_\_\_\_

Do you live in a ( ) single family home ( ) apartment

Do you ( ) own your home ( ) rent/lease

If you rent or lease, please list landlord information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Are you willing and able to accept full care, costs, and responsibilities of owning a pet? \_\_\_\_\_

Will you need assistance with the cost of the spay/neutering of this pet? \_\_\_\_\_

Will you need assistance with paying for routine care (veterinary costs) of this pet? \_\_\_\_\_

Will you need assistance with paying for emergency care (veterinary costs) of this pet? \_\_\_\_\_

What other pets do you have? (Give species, breeds, sex and ages)

Are all of your other animals up to date on their vaccinations? \_\_\_\_\_

Are your other animals currently licensed, if necessary (i.e. dog license)? \_\_\_\_\_

For **CATS**: Will the cat be kept indoors or outdoors? \_\_\_\_\_

How do you plan to entertain this cat? \_\_\_\_\_

Are you considering having this cat declawed? \_\_\_\_\_

For **DOGS**: Are you aware that dogs **must** have licenses, and they must be restrained with a leash when not on your property? \_\_\_\_\_

How do you plan to exercise this dog? \_\_\_\_\_

How will your dog be restrained when out of the house? \_\_\_\_\_

What accommodations will you make when you are away from home? \_\_\_\_\_

(i.e., pet sitter, kennel, friend/relative, etc.)

Have you adopted from an animal shelter in the past? Yes ( ) No ( )

Which one? \_\_\_\_\_

How would you describe your household? ( ) very quiet ( ) rather easy-going  
( ) moderate activity ( ) lots of activity

Do you want this pet for (choose as many as applicable):

( ) companionship ( ) playmate for children  
( ) security/protection ( ) hunting  
( ) gift ( ) other \_\_\_\_\_

Is everyone in the household aware that you are adopting this pet? \_\_\_\_\_

Is anyone in your household allergic to any kind of pet? \_\_\_\_\_

How often, and for what amount of time would this pet be left alone (i.e., when you are at work)?  
\_\_\_\_\_

Do you agree to a home visit, if one is scheduled by LCAS to check on the suitability of this pet as a family companion and its adaptation to your household? \_\_\_yes \_\_\_no

What are the best days and hours for such a home visit? \_\_\_\_\_

Please provide the name and phone number of the veterinarian who sees your pets:  
\_\_\_\_\_

May we contact this person as a reference for you? \_\_\_\_\_

**If you do not** have a veterinarian reference, list at least two personal (nonfamilial) references below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you ever attended obedience classes with a pet? \_\_\_\_\_

Are you aware of the negative possibilities of pet ownership?

**DOGS:** chewing, digging, barking, urination/defecation accidents, getting into trash, throwing up. They desire a lot of exercise and attention/interaction with people, which can require a lot of your time.

**CATS:** clawing, jumping & climbing on furniture, urination/defecation accidents, throwing up. Litter pan must be cleaned regularly, or cat may stop using it!

How will you deal with these problems? \_\_\_\_\_

Would you like information about?

( ) taking care of puppies or kittens ( ) obedience training  
( ) pet behavior problems ( ) other \_\_\_\_\_

**FOR OFFICE USE ONLY:**

	Initials
Veterinarian reference confirmed	( ) _____
Landlord permission	( ) _____
Personal interview and counseling	( ) _____
Follow up call within 5 days	( ) _____
Follow up spay/neuter	( ) _____

