



APPLICATION FOR ADOPTION

Applicant Information

Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Landlord:	Phone:

Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

Co-Owner/Other Persons Living at the Residence

Name:		
Date of birth:	Email:	Phone:
Previous address:		
City:	State:	ZIP Code:

Please list all past and current pets below

Pet's Name	Dog/Cat/Other	How long did you have the animal?	Outcome (died/living/rehomed/other)	Spayed/Neutered?	Adopted from ACAS?

Personal References (cannot be a relative)

Name:	Address:	Phone:

Veterinarian Reference		
Name:	Address:	Phone:

How much do you expect to spend each year on the following		
Vet care:	Food:	Grooming/Boarding, Etc.
\$	\$	\$

Please answer the following	
Who will be the primary caregiver for this pet?	
How many hours per day will the pet be left alone?	
Where will the pet be kept when you are not home?	
Would you like to make an additional donation to help the shelter animals? _____ Yes _____ No	If YES, please indicate amount to be added to your receipt: \$ _____

I certify that all of the above information is true and correct and give my permission to contact any person listed on this application. I further understand that if the animal is returned within five days of adoption, the adoption fee will be refunded. If returned after five days of adoption, the fee is nonrefundable.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

ADDITIONAL NOTES:

FOR OFFICE USE ONLY	
Checked AC records: Initials/Date Checked _____	APPLICATION APPROVED: _____ Initials/Date
Vet Reference Check: Initials/Date Checked _____	
Personal Reference Check: Initials/Date Checked _____	APPLICATION DENIED: _____ Initials/Date
Background Check: Initials/Date Checked _____	