Counselor Initials



Adoption Application

In order to be considered an adopter today, you must:

- ✓ Be 21 years of age or older (ID required)
- ✓ Provide current vaccine records on all current animals in household
- ✓ Pay full adoption fees
- Provide proof you can have the animal you are adopting at your residence
- Be willing and able to provide training, medical care and loving attention
- Bring current dogs to meet our shelter dogs (at discretion of Adoption Counselor/Management)
- Bring all household members to meet shelter dogs (at discretion of Adoption Counselor/Management)



Animal you wish to adopt: _____

Name		Date
Address		
City	State	Zip
Phone Numbers: Home	Cell	Work
Email Address:		
Home Information: (Select One) □Own House □Own Condo/Apartment	t □Rent a Hous	e □Rent Condo/Apartment
□Government Assistance □Other:		
If you rent what is the name and phone number Manager/Agent?		
How long have you lived at current address? six (6) months? YES NO	Ar	e you planning on moving within the next
If you move, what will you do with your pets?		
Do you have access to a yard? YES NO Th	ne yard is: OPEN F Enclosed L	
What are your reasons for wanting a pet? Con Mouser Companion for other pets For Ch		Hunter Breeder House Pet Other:
Who will be responsible for the care of the pet?		
Length of time during the day pet will be left alor	าย	
Where will pet be kept during day?		Night?
Does anyone in household have animal allergies	s?	
Have you ever adopted from this shelter before?	? YES NO when	?
Have you ever brought an animal to an animal s What was the reason?		

Including yourself, please list the NAMES and AGES of all members of your household:

Name	Age	Name	Age

·	

PET HISTORY: In the past 5 years, what pets have you owned (include those pets that have passed)? What pets do you have currently in your home? Please include all animals at the residence whether you own them or not. Also, include any small caged pets & barnyard animals.

Name	Breed or type	Age	Sex	Spayed or neutered?	Kept where?	If no longer owned, what happened to the pet?
				yes no	in out	
				yes no	in out	
				yes no	in out	
				yes no	in out	

Name of your Veterinarian or Veterinary Hospital

Do you have a plan for the long-term care of your dog in the case of your death or permanent

disability? • **YES** • **NO** If yes, please list name and phone number for person that will be responsible for the care of your pet:

Na	me.	

Phone Number:

Do you object to the Cape Coral Animal Shelter inspecting your premises? YES NO

Is there anything you would like to discuss with the adoption counselor?

THERE ARE SOME DAYS THAT THE ADOPTION PROCESS CAN TAKE 1-2 HOURS: You will be talking to our staff or volunteers; meeting and socializing with the pet you are interested in; reviewing the responsibilities that you will assume; and learning about vaccinations, training, food, etc. All of this can take time, but it is time well invested, considering that a well-cared for dog or cat may live 10-18 years! Therefore, we ask for your patience and cooperation in this joyful process of bringing people and animals together.

Please initial below statements:

l authorize the	release of	veterinarian	information	related to	my current	and nast r	nets
		votormanan	mormation		my current	and past p	0013.

_____ I certify that I am 21 years of age or over.

- _____ I understand veterinary and nutritional care may cost over \$2,000 annually and accept this financial responsibility.
- I understand a pet can live up to 20 years and I will be responsible to ensure my pets are cared for upon my death or permanent disability.

_____I understand that CCAS reserves the right to refuse any application considered unsatisfactory for any reason.

I certify that all the information on this application is true and any false information may void this application.

Signature:_____