



Adoption Application Form

Approved By:

Pet's Name:

IMPORTANT: Pet ownership is a serious responsibility. We ask that all persons interested in adopting one of our animals fill out this application prior to the adoption. This application helps us determine if the adoption is in the animal's best interest. It also helps us assist potential adopters in finding an animal compatible with their lifestyle.

Applicant Information

Full Name: _____ Date: _____

Street Address, City, State: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Are you in the military? Yes No

Applicant Living Situation

Where do you live? House Apartment Mobile Home Other _____

Do you? Own a home Live on military base Rent Live with parents

If you rent, please provide your landlord's name and number: _____

What restrictions does your landlord/manager/military base put on pets? _____

Do you have children? Yes No If yes, what is/are their age(s)? _____

Are all members of your household aware that you are adopting a pet? Yes No N/A

If so, do they approve? Yes No

(CONTINUED ON NEXT PAGE)

Applicant Intent

Who are you adopting the animal for? Myself My Children A Relative A Friend

Other (please explain) _____

Why are you adopting this animal? Companionship Guard/Watch Hunting/Mousing

What kind of pet do you want this animal to be? Indoor Pet Outdoor Pet

Indoor/Outdoor Pet Business/Guard Animal

Note that we do not permit cats to be outdoor or indoor/outdoor pets following adoption.

Pet Information

How will you keep your pet on the property?

Fence Chain Leash Type of Fence _____ Other _____

How many hours a day will the pet be alone? _____

How do you feel about spaying/neutering? _____

If you had to move, what would you do with the pet? _____

Who will be responsible for this pet's care? _____

Have you ever owned a pet before? If yes, please complete the chart below. Yes No

	Cat/ Dog	Breed	Age	Sex	Neutered /Spayed?	Situation (still have, ran away, died, gave away, sold, stolen, gave to shelter, etc.)
Pet #1						
Pet #2						
Pet #3						

(CONTINUED ON NEXT PAGE)

Other Information

Who is your veterinarian? _____

Are you familiar with:

- Your city's animal ordinances? Yes No
- Leash laws? Yes No
- Licensing requirements? Yes No
- Vaccination requirements? Yes No

I consent to the manager conducting a pre-adoption or post-adoption household inspection. I understand that all cats adopted from CASI are to remain indoor animals following adoption. I certify that the above information is true and that any false information may result in nullifying this adoption. I understand that CASI reserves the right to refuse adoption and that all adopted animals are the responsibility of the new owner. I acknowledge that once the animal leaves CASI, there are no refunds on adoptions.

Signature: _____

Date: _____



*Thank you for choosing Converse Animal Shelter,
and thank you for giving an animal a new leash on life.*