

City of Ward
Ordinance Number O-2020-09 Exhibit 1
Attachment 2
Pet Adoption Application

Animal Name _____
ID # _____

Our goal is to find permanent, loving homes for companion animals. To help make a forever-match between you and your prospective pet, we evaluate animals to determine if they will be suitable family pets. In selecting a pet, please keep in mind that all animals – like people – have different personalities and that some behaviors can be breed-related.

Name: _____ Date: _____

Address: _____ City/Zip: _____

Home/Cell Phone: _____ Work: _____

Drivers License Number/State: _____

Date of Birth: _____

1. Which of the following best describes your home? Check all that apply.
 - a. House with a fenced yard. Is so, what type of fence _____
 - b. House without a fenced yard
 - c. House with an outside kennel run
 - d. Farm with livestock
 - e. Mobile Home/Condo/Apt with fenced yard
 - f. Mobile Home/Condo/Apt without fenced yard

2. Do you own or rent? _____ Landlord Name: _____

3. Landlord Phone Number: _____

4. How many children are in your home? _____ What are their ages? _____

5. Where will you keep the pet during the day? _____

6. Where will you keep the pet during the night? _____

7. Please tell us about the pets you have owned in the past three (3) years.

Cat	Dog	Other	Breed	Pet's Name	Age	Sex	Spayed or Neutered	Still Have?

8. The following questions MUST be answered.

- a. Are all pets current on rabies vaccination by a licensed veterinarian? _____
- b. What veterinary clinic do you use for vaccinations? _____
- c. Who is listed at the vet's office as the pet owner? _____
- d. Do others in your home know you are planning to adopt a pet? _____
- e. Is anyone in your home allergic to animals? _____
- f. On average, how much time will the animal be left alone each day without human or pet interaction? _____
- g. Why do you want to adopt at this time? _____
- h. Do you want an indoor or outdoor pet? _____
- i. Do you understand and will you comply with the City of Ward's leash law and licensing requirements? _____
- j. Are there any behavioral issues that may cause you to return the pet to the shelter? _____

By signing below, I certify that all the information provided will be found to be true and that any misrepresentation of facts, on my behalf, may result in denial of adoption. I understand that:

- Pets up for adoption are the sole property of the Ward Animal Shelter
- Filling out this application does NOT guarantee a pet. Placement of animals is at the discretion of the Ward Animal Shelter.
- I am authorizing an investigation of all statement I have provided on this application.
- A representative of the Ward Animal Shelter may contact me in the future to follow up on the success of the adoption.
- Although Ward Animal Control has provided initial vaccinations and spay/neuter surgery, all pet should see a veterinarian in the first few weeks after adoption. All future vaccines are the responsibility of the owner.
- Any pet adopted from Ward Animal Shelter may require special training for behavioral problems and I understand that it will be my responsibility to try to resolve these issues before returning the pet to the Ward Animal Shelter. All medical and/or special training is the responsibility of the owner
- The adoption fee is NON-REFUNDABLE

Signature: _____ Date: _____

For office Use Only (use additional page, as needed)

Adoption Counselor: _____

Approved/Disapproved for Adoption (circle one): _____ Date: _____