West Memphis Animal Shelter

# Adoption Application

Thank you for your interest in adopting a pet from West Memphis Animal Services. We want to place our animals in permanent responsible homes and at the same time match you with a pet that is suitable for your family and your lifestyle.

What type of pet are you looking for? DOG\_\_\_ PUPPY\_\_\_ CAT\_\_\_ KITTEN\_\_\_ OTHER\_\_\_\_\_\_\_ Pet Chosen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you over the age of 21? YES\_\_\_ NO\_\_\_

Number of people in your household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of children and their ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (personal preferred vs work email)

Do you own your own home? YES\_\_\_ NO\_\_\_ How long have you lived at the above address? \_\_\_\_\_\_\_\_ days weeks months years

Do you live in a: House\_\_\_ Apartment\_\_\_ Condo\_\_\_ Mobile Home\_\_\_ Duplex\_\_\_ Town House\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you rent, does your lease allow pets? YES\_\_\_ NO\_\_\_ Don’t Know\_\_\_\_ How man pets are allowed? \_\_\_ Deposit? YES\_\_\_ NO\_\_\_

Landlord Name or apartment complex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have pets now? Dogs\_\_\_ How many? \_\_\_\_\_\_\_\_\_\_ Cats\_\_\_ How many? \_\_\_\_\_\_\_\_\_\_ Other\_\_\_ what kind(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were any pets adopted from WMAS? YES\_\_\_ NO\_\_\_ Another shelter? YES\_\_\_ NO\_\_\_ If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the name of your Veterinarian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last visit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under whose name are the animal’s medical records going to be listed under? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_

Are your pets on monthly preventative for heartworms? YES\_\_\_ NO\_\_\_ If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Need council? YES\_\_ NO\_\_

How long has it been since last Feline Leukemia exam? \_\_\_\_\_\_\_\_\_\_ Will you declaw the new cat? YES\_\_\_ NO\_\_\_ Unsure\_\_\_

Is your yard completely fenced in? YES\_\_\_ NO\_\_\_ How tall is your fence: \_\_\_\_\_ ft. Fencing material is made of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you don’t have a fence, how will you keep the dog contained onto your property? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will the animal primarily be kept? Indoors\_\_\_\_ Outdoors\_\_\_\_ Indoors mostly with outside on nice days\_\_\_\_\_\_\_\_

How many hours daily will the pet be left unsupervised/unattended? \_\_\_\_\_\_\_\_ Hrs. Will you crate train? YES\_\_\_ NO\_\_\_

Are you financially prepared for any unexpected expenses such as an emergency or chronic illness? YES\_\_\_ NO\_\_\_ Unsure\_\_\_

**The information I have given in this application is correct to the best of my knowledge. I understand that West Memphis Animal Services reserves the right to approve or reject this application. By signing below, I hereby give permission for the release of my animal health records both past and present to the West Memphis Animal Shelter and their Adoption Staff personnel.**

**Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co-Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ Approved Application \_\_\_\_ Denied Application; unable to approve at this time; reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adoption Specialist Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Animal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOUR PETS**

**Current Pet(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name & Breed** | **Age** | **Sex** | **Spayed or Neutered / Vet** | **UTD on Yearly Vaccines** | **Heartworm Medication** |
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**Previous Pet(s) If you have had pets within the past ten (10) years, please complete chart below. In the column, “What happened,” write why the pet is no longer with you. (If pet died, list cause of death)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Breed** | **Age** | **Sex** | **Spayed or Neutered** | **What happened to Previous Pet**  {Gave away. Sold. Surrendered to shelter. Abandoned. Ran away. Died, Etc.} |
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