



PET ADOPTION APPLICATION
AMADOR COUNTY ANIMAL CONTROL
 (209) 223-6378 FAX (209) 257-0245

Adopting and caring for a pet is a major responsibility. In our continuing effort to find safe, secure and permanent homes for our shelter animals, you must complete this questionnaire. One of our staff will discuss it with you. We reserve the right to verify the information that you provide. We reserve the right to deny the adoption of any pet for any reason. All applicants must be at least 18 years of age and your address must be where the pet will reside. If you are applying to adopt a dog, you must be aware that Amador County has and enforces a leash law that requires you to confine your dog when at home and maintain control of your dog when it is off of your property. Adoption of some animals will require an inspection of the confinement.

Why do you want to adopt this pet? Companion Company for other pet Gift For children Watch Dog Other
 How did you hear about our shelter? Web site Friend/relative walk in _____
 NAME: _____ DRIVER'S LICENSE _____
 STREET ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____
 MAILING ADDRESS: _____
 PHONE: HOME _____ WORK _____ CELLULAR _____

HOUSING INFORMATION

TYPE: (Check one) ___Own home ___Rent home ___Rent Apartment ___Mobile Home
 If you rent, do you have permission to have a pet? ___Yes ___No
 WHERE WILL PET BE KEPT? ___Indoors Only ___Outdoors Only ___In & Out
 Will pet be left at home alone? ___Yes ___No. How many hours per day? _____
 IF PET WILL BE KEPT OUTDOORS, DESCRIBE YOUR OUTDOOR AREA: Approximate Size: _____ Is there a secure fenced area? ___Yes ___No if not, how will you secure the dog outdoors?

 Type of Fence: Wood Wire Field Fence Chain Link Other Height of Fence: _____ Describe shelter for pet: _____

FAMILY INFORMATION

Are there other adults living in the home? ___Yes ___No If Yes, Number _____
 Are there children living in the home? ___Yes ___No Ages: _____
 Who will be primarily responsible for pet's care? _____
 Name of Veterinarian: _____ Location: _____

PET INFORMATION

Have you adopted from a shelter before? ___Yes ___No. Do you still have them? ___Yes ___No
 Have you relinquished a pet to a shelter before ___Yes ___No. If yes, why _____
 List all other pets at your home: (including livestock & small caged pets. Use reverse if needed)
 (If Dog) name Breed Age Gender Spayed/Neut. License # (dogs only)
 1. _____
 2. _____
 3. _____
 4. _____

I certify that all the information in this application is true. I understand that false information may result in the denial of this adoption and that an inspection of my yard and fence may be required.

 Adopter's Signature

 Date

Continued on other side





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I Agree _____ do not agree _____ to receive promotional information from hill's science diet. by marking agree, you will receive a complimentary trial bag of Science diet for the pet you are adopting. Hill's science diet may send you promotional communications by mail and E-mail regarding their products.

Microchip Registration Information

NEW OWNER TO FILL OUT

Animal Name:(*If unknown, put your last name*) _____

Emergency Contact Name: _____ Phone #: _____

E-Mail Address: _____

Your E-mail address will be used for registering the microchip. You may receive future communication from our shelter and communications from Hill's science diet.

FOR ACAC USE ONLY: Adoption Approved? ___Yes ___No By: _____
 If No, Reason: _____ Fence check required? ___Yes___No ACAC 7-05