

Adoption Application

	Date: Dog Cat Female Male
IMAL SERVICES	Animal's Name:
	Brief Description:
Applicants: (ple	ease print, incomplete information will delay your application)
Name:	Email:
Phone:	Cell:
Mailing Address:	
Pet's Environmen	t:
You live in: Hou	se 🗆 Apartment 🗆 Duplex 🗆 Mobile 🗀 Other
Do you:□ Own □ F	Rent Landlords Name and Phone:
This pet will be prim	narily \square indoors \square outside
	ht:Type: No; If no, describe how you will confine your pet to
Type of shelter outo	doors <u>:</u>
Other pets: ☐ No ☐	Yes Dogs: Cats: Other:
Vaccinated: □No □	Yes Name of Vet:
Allergies: □ No □	Yes Children: No Yes Ages:
Will someone be ho	ome during the day: No Yes
Do you have the me	eans of caring for your pet when you are away for extended periods of time?
□ No □ Yes Describ	oe:
Have you previously	/ owned pets? \square No \square Yes If yes, what happened to them:
Peacon for adopting	g: \square Companionship \square Protection \square Sport \square Other:
vviiy ala you choose	e Duplin County Animal Services or your pet?