

Personnel Use Only

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| # | NOTE: | ***** |
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DCAS

APPLICATION

DATE _____
NAME OF THE ANIMAL _____

Please make sure to answer all questions below.

Your Name: _____ Age: _____

E-Mail Address: _____

Spouse/Partner: _____ Age: _____

Address: _____

City/State/Zip: _____

Home telephone: _____

Do you agree to a home visit before adoption? _____

Your employer: _____ Phone: _____

Spouse employer: _____ Phone: _____

Number of Children: _____ Ages: _____

Is everyone in your household in agreement with a dog? *Yes No*

If no, who is not? _____

Why? _____

How long have you lived at this address? _____

Please indicate which best describes your current living situation:
House Condo Apartment Mobile Home

Do you: *Rent Own Live w/Parents*

If you rent, name & phone number of Landlord: (REQUIRED if renting):

Name: _____

Phone #: _____

What type of environment? *City Suburban Country*

If less than two years, please list your previous address: _____

Aside from your immediate family, are others residing in your home? *Yes No*

Names: _____

Ages: _____

Does your home have a yard? *Yes No*

Is there a fence? *Yes No*

What type of fence and how tall? _____

If you do not have a fence, do you plan on building one? *Yes No*

If so, when, and what type of fence? _____

Is someone home during the day? *Yes No*

If not, where will this animal stay while you are gone? _____

Where will this animal be kept most of the time? *Inside Outside Other*

Please specify other: _____

When/If the pet is outside, will you have a:

Free roaming Pen/Run/Kennel Pen Tie-out Cable Chain

Do you own a animal crate? *Yes No*

If so, what type and size is the crate? _____

If you do not own a crate are you willing to buy one and crate train this pet? *Yes No*

Will you take this pet to obedience class? *Yes No*

What activities do you plan to do with this pet? _____

Do you have other pets?

Other pet information: _____

If not, when was your last pet: _____ What vet did you use? _____ Phone # _____

Please list the other types of pets you have along with their age, sex and if they are spayed or neutered: _____

Are your other pets current on all vaccinations? *Yes No*

Are all of the dogs that you have now spayed or neutered? *Yes No*

Veterinarian's name: _____

Veterinarian's phone #: _____

If applicable, approximate date of your current pet's last office visit: _____

List the pets have you owned in the past five years and what happened to them: _____

List any Humane Societies, Organizations, Breed or Training Clubs with which you are associated: _____

Please provide the name, address and phone number of three references:

Reference # 1: _____

Reference # 2: _____

Reference # 3: _____

Please leave any additional comments below: _____

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I am also financially and physically able to care for this animal. I understand that if for any reason I am no longer able to keep my pet or do not want the pet any longer; I will notify Bobbie at 910.296.2159 or 910.289.7604 to take possession of the pet if necessary.

I understand that there is a leash law in Duplin County.

I also understand that any negligence to this contract/application can result in repossession of the said animal.

Signature: _____

Date: _____

Witness: _____