



117 MIDDLETON CEMETERY LANE
KENANSVILLE, NC 28349
PHONE: (910) 296-2159

Duplin County Animal Services Adoption Application

Personal Information

Name: _____

Country: _____

Address: _____

Zip, State, City: _____

Phone 1: _____

Phone 2: _____

Email: _____

Birthdate: _____

Adopter History

Employment Status: _____

Occupation: _____

Household Members:

Under 8 years old: _____

8 to 17 years old: _____

18 and over: _____

Do any household members have known allergies to pets? YES NO

Who will be the primarily responsible for the care and supervision of the animal?

Have you discussed the responsibilities of owning the pet with the entire family? YES NO

Do all household members agree to adopt? YES NO

Are any household members pregnant? YES NO

How active is your household? _____

Home Ownership: _____

Years at Address: _____

Home Type: _____

Landlord Name: _____

Landlord Contact Number: _____

Landlord Email: _____

Current Pets

Species: _____

Breed: _____

Gender: _____

Spayed/ Neutered: _____

Age: _____

Indoor/ Outdoor: _____

Last Vaccination: _____

Heartworm Prevention: _____

Licensed: _____

Previous Pets

Species: _____

Breed: _____

Owned for how long? _____

Spayed/Neutered: _____

Why do you not have the pet anymore? _____

Age of pet at that time: _____

Veterinarian Info

Do you have a Veterinarian? YES NO

Veterinarian Name: _____

Clinic/Practice Name: _____

Veterinarian Phone: _____

Clinic/Practice Location: _____

May we contact your Vet? YES NO

Animal Type of Interest

Interested in adopting: Cat, Dog, or Other: _____

Would you consider a special needs pet? YES NO

Reasons to Adopt: Companion for Self, Companion for Children, Companion for other pets(s),

Guarding, Hunting/Herding, Mouser, or Other: _____

Pet Responsibility

How long have you been considering/looking for a pet? _____

How much have you budgeted per year for the new pet? _____

Willing to commit the next 10-15 years to this pet? YES NO

How much time are you willing to give a pet to adjust to its new home? _____

How many hours each day will your household be without people? _____

Where will the pet be kept? _____

Daytime: _____

Nighttime: _____

For what problems do you feel unprepared? Ex. Biting, House soiling, not good with other animals, not good with children, excessive chewing, excessive grooming, needs excessive activity level, medical issues, confinement issues or other problems such as:

What will you do with the pet when you go on vacation? _____

What will you do with the pet if you move? _____

Are you familiar with animal control laws in your area? YES NO

Reasons you might return a pet? _____