



# Adoption Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DL#: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you at least 19 years of age?  Yes  No

Type of residence:  House  Apartment  Condo  Mobile Home

Do you:  Own  Live with Parent  Rent  Parent's Own  Other

If you rent, please list the following:

Landlord/Complex/Rental Co. Name: \_\_\_\_\_

Landlord/Complex/Rental Co. Address: \_\_\_\_\_

Have you discussed getting a new pet with your landlord, parent, roommate, etc?  Yes  No  N/A

Are there any children in your home?  Yes  No  Sometimes

Why are you adopting? (check all that apply)

Companion for yourself  For Children  Gift, for \_\_\_\_\_

Companion for another pet  Protection  Other \_\_\_\_\_

How long will the pet be left alone each day and will the pet be confined?

\_\_\_\_\_

Do you currently have any other pets living in the household?  Yes  No

If yes, please list: \_\_\_\_\_

If adopting a cat, do you plan on having it declawed?  Yes  No  Maybe

Which animal hospital(s) do you currently use? \_\_\_\_\_

Discussion Topics:

Please check the topics you would like more information on during your counseling session

Crate Training  Destructive Chewing/ Scratching  Introducing New Pets to Current Pets

House/ Litter Box Training  Low Cost Spay/ Neuter  Vaccines

**For the safety of your pet, all cats are required to leave in a carrier and all dogs must leave with a collar. You may purchase a carrier (\$5.00) or collar (\$6.00 or \$12.00) at the shelter or bring one with you at the time of adoption. Remember: Items purchased from LCHS benefit the shelter animals!**

***By signing this adoption application I understand:***

This adoption application does not guarantee approval. LCHS can not guarantee the health or temperament of any animal. The adopter agrees that all information on application is accurate. LCHS has the right to contact your landlord, rental company, and/ or veterinarian.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

LCHS Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_