

# Shelbyville Animal Care & Control

716 Industrial Parkway

931-684-6552

## Adoption Application

EMAIL:

[mariah.teal@shelbyvilletn.org](mailto:mariah.teal@shelbyvilletn.org)

OR:

[victoria.farrar@shelbyvilletn.org](mailto:victoria.farrar@shelbyvilletn.org)

Potential Adopter Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address where the pet will live: \_\_\_\_\_

### People in the household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Pet Allergies: \_\_\_\_\_

\_\_\_\_\_ Y N

\_\_\_\_\_ Y N

\_\_\_\_\_ Y N

\_\_\_\_\_ Y N

\_\_\_\_\_ Y N

Who will be the main one in the household responsible for the pet: \_\_\_\_\_

Where will the pet be kept while someone is home: \_\_\_\_\_

Where will the pet be kept while no one is home: \_\_\_\_\_

How will the pet be confined to the property? (Circle **ALL** that apply below please)

Leash      Fenced Yard      Cable Tie Out      Chained      In House      Electric Fence

Crated      Outdoor Kennel      Other: \_\_\_\_\_

How many hours daily will the pet be left unattended: \_\_\_\_\_

Why do you want to adopt a/this pet? A. Companion for another pet: \_\_\_ B. Companion for self: \_\_\_

C. Protection: \_\_\_ D. Gift: \_\_\_ E. Surprise Gift: \_\_\_ F. Watchdog: \_\_\_ G. Replacement Pet: \_\_\_

H. To Breed: \_\_\_ I. To Sell: \_\_\_ J. To Hunt: \_\_\_

Do you Own or Rent: \_\_\_\_\_ If you rent, do you have permission to have a pet? YES NO

Landlord's First and Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pets in the household:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Date of last Rabies Shot: \_\_\_\_\_ Spayed /Neutered?

\_\_\_\_\_ Y N

Y N  
Y N  
Y N  
Y N  
Y N

If you have owned a pet or pets before where is he/she/they now? A. Don't know: \_\_\_ B. Given away: \_\_\_  
C. Lost/Never found: \_\_\_ D. Died: \_\_\_ E. Sold: \_\_\_ F. Never owned: \_\_\_ G. Still owned: \_\_\_

If any pets died in the last 12 months, what were the circumstances? A. Old age: \_\_\_ B. Accident: \_\_\_  
C. Illness: \_\_\_ D. Disease: \_\_\_ E. Don't know: \_\_\_ F. No deaths: \_\_\_

Have any of your animals in the household acted aggressive in the past: YES NO

If yes, please explain the situation: \_\_\_\_\_

How would you rate your general knowledge of the type of pet you are interested in adopting?

A. Very knowledgeable: \_\_\_ B. Somewhat knowledgeable: \_\_\_ C. Little or no knowledge: \_\_\_

5. How long have you been actively looking for a new pet?

A. No. of days: \_\_\_ B. No. of weeks: \_\_\_ C. No. of months: \_\_\_

What have you done to prepare for an animal? \_\_\_\_\_

Who is your regular vet: \_\_\_\_\_ Phone: \_\_\_\_\_

Vet Address: \_\_\_\_\_

Personal References: (NOT FAMILY MEMBERS)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_ Years Known: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I understand this form is just an application to adopt and does NOT guarantee I will get this pet. I understand Shelbyville Animal Care & Control and its employees have all rights to deny my application. By signing this application, you are stating that all of the information is true to the best of your knowledge. You are also giving Shelbyville Animal Care & Control, and its employees and volunteers, permission to verify your information and contact the references you have given.

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Driver License Required