Monroe County Animal Services
Adoption Application

Name of the dog you are interested in _____

Your name _____

Spouse name _____

Street Address _____

City _____ State _____ Zip code _____

Home Phone _____

Cell Phone _____

Spouse Cell _____

Email Address _____

Place of Employment_____

Work phone _____

Spouse employment _____

Work phone _____

Do you live in a: house ☐ apartment ☐ mobile home ☐

condo ☐ other ☐

Describe the setting: subdivision ☐ rural ☐ city ☐

farm ☐ mobile home park ☐

Own or rent? _____

Landlord name and phone _____
(by providing this information, you are allowing MCAS to contact your landlord, please inform them of this call so they will speak with us. Your application will not be processed without this information.)
Are there any breed restrictions in your community or HOA? _____

How long have you lived at your current address? _____

If you move, what will you do with your pet(s)?_____

Do you have a fenced in yard? _____

Approximately how many hours will the dog be outside each day?_____

Do you plan to crate train your new dog? _____

If so, how many hours a day will the dog be in the crate? _____

How many hours a day will this dog be left alone? _____

Where will the dog sleep? _____

Where will the dog be confined if and when left alone? _____

Do you have any children living in the home with you? _____

Please list any children and their ages _____

Is anyone in your home allergic to dogs? _____

Who will be responsible for the care of this dog? _____

Why are you interested in adopting this dog: Companion ☐ Gift ☐

Hunting ☐ Watchdog/Protection ☐ Playmate for other dog ☐

What habits would you be unwilling to tolerate in a dog you want to adopt? _____

_____

What circumstances would make you want to return the dog to us? _____

_____

Do you currently own any pets? Yes ☐ No ☐

If yes, please list them:

Dog/Cat/Other	Name	Age	Spayed or Neutered

Have you owned pets in the past? Yes ☐ No ☐

If yes, please list and give explanation as to what happened to them (natural death, euthanasia, accident, etc)

Dog/Cat/Other	Name	Age	Explanation

Are any of your pets currently on medication? Please list:

Name	Medication	Prescribed by

Are you current pets on heartworm prevention? What brand?_____

Veterinarians Name _____

Clinic Name _____

Phone _____

Clinic Address _____

(By providing MCAS with this information, you are giving MCAS permission to call your vet. Please call your vet and give them authorization to release information to MCAS. Your application will not be processed without this information.)

If you do not have a current vet, please provide the name of the vet and clinic that you plan to use, if you adopt this dog _____

Do you agree to follow through with the appointment assigned to you for your new dogs spay/neuter and to communicate with MCAS should you be unable to keep said appointment so that appropriate arrangements can be made? Yes ☐ No ☐

Do you agree to provide regular healthcare by a license Veterinarian? Yes ☐ No ☐

Do you agree to contact MCAS if you can no longer keep this dog? Yes ☐ No ☐

By Signing below, you are permitting Monroe County Animal Services to contact your references. MCAS reserves the right to approve or deny any application based on the information provided herein, or upon acquiring information during the processing of the application. Please allow 48 – 72 hours for the application to be processed.

I certify that the information contained on this form is true to the best of my knowledge and that false statements will be cause for absolute denial of application.

_____

Signature Date