



Monroe County Animal Services Adoption Application

Animal Name: _____

Applicant Information

Full Name: _____ Date of Birth: _____ DL #: _____

Address: _____ City, State, ZIP: _____

Phone Number: _____ Email: _____

Housing Information

Do you: ☐ Own ☐ Rent If renting, Landlord Name: _____ & Phone: _____

Are there pet restrictions? ☐ Yes ☐ No If yes, explain: _____

Household Information

Number of Adults: _____ Number of Children: _____ Children's Ages: _____

Anyone in the household allergic to pets? ☐ Yes ☐ No

Current Pets

Name	Species	Age	Spayed/Neutered

Current pets are: ☐ Vaccinated ☐ On Heartworm Prevention (Dogs) ☐ Receiving Routine Veterinary Care

Veterinarian: _____ Phone: _____

About Your New Pet

Where will the pet primarily live? ☐ Indoors ☐ Outdoors ☐ Both

Where will the pet stay when no one is home? ☐ Indoors ☐ Outdoors ☐ Both

Reason for Adopting

☐ Companion ☐ Family Pet ☐ Companion for Another Pet ☐ Emotional Support

Applicant Certification

I certify that the information provided is true and complete. I understand Monroe County Animal Services reserves the right to deny an adoption if it is not in the best interest of the animal.

Applicant Signature: _____ Date: _____