Ozark-Dale Co.
H U M A N E   S O C I E T Y

Companion Animal Adoption Application

Are you interested in adopting a:
- ☐ Dog
- ☐ Cat

Name of animal(s) interested in adopting: _____

Potential Adopter's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____Email Address: _____

Are there any pets in the residence now? _____ How Many? _____

Name	Breed	Age	Female	Spayed Female	Male	Neutered Male

Have you had any pets in the last five (5) years? _____ How many? _____
What happened to those pets? _____
_____
Where will the animal be living?
- ☐ Inside
- ☐ Outside
- ☐ Both

Is your residence a:
- ☐ House
- ☐ Mobile home
- ☐ Duplex
- ☐ Apartment or Condo
- ☐ Townhouse

Do you own or rent your home? _____ How long have you lived there? _____
If renting, please provide your landlord's information:

Name: _____

Address: _____ City: _____ ZIP: _____

Phone Number(s): _____

May we contact your landlord to get his/her policy on pets in rental properties? _____

How many adults live in the residence? _____
How many children and their ages?_____
Is anyone allergic to dogs or cats? _____
Have you ever adopted from a shelter or humane society? _____

Why do you want to adopt this pet? _____

_____

_____

Have you ever taken an animal to a shelter or pound? _____ If yes, why? _____

_____

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

_____

Do you have a fenced yard and if so, what type? _____
How many hours per day will the pet be left alone? _____
Veterinary Reference and Phone #: _____

I agree that all statements I have made on this form are true. If it is found that any
statements I have made on this form are not true, *I understand my application for
adoption will not be considered.

Signature: _____ Date: _____

Adoption Counselor: _____ Date: _____
Landlord's Name _____ Contacted by: _____
Date: _____ Permission approved? _____