|  |  |
| --- | --- |
|  |  BAY COUNTY ANIMAL SERVICES & ADOPTION CENTER |

# K9 ADOPTION APPLICATION

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | AGE |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Animal applying for: |  |

**Have you owned this breed before?**

**What are your plans for this dog? Family pet Guard Hunting Service dog ESA Other**

**How many hours a day will the dog be alone?**

**When alone the dog will be: Crated Loose in the home Confined to a room Yard/Garage other**

**Where will the dog sleep?**

**I prefer to work with: A Trainer Train At Home Adopt a dog that doesn’t need further training**

**Would you consider a different dog if it was a proper fit for your family?**

## INFORMATION ON CURRENT PETS

**CURRENT PETS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** | **BREED:** | **AGE:** | **STERILIZED?** |
| **NAME:** | **BREED:** | **AGE:** | **STERILIZED?** |
| **NAME:** | **BREED:** | **AGE:** | **STERILIZED?** |
| **NAME:** | **BREED:** | **AGE:** | **STERILZED?** |
| **NAME:** | **BREED:** | **AGE:** | **STERLIZED?** |

Please list any pets you have in the past 5 years that have passed away or you gave away. If you gave the pet away please states as to why:

## VETERINARIAN REFERENCE

|  |  |
| --- | --- |
| **VETERINARIAN:** | **PHONE:** |

|  |
| --- |
|  |

**If the Veterinarian records could be under another name please provide that name below:**

## HOUSING INFORMATION

**Do you live in a: House Apartment Mobile Home Other**

**Do you: Own Rent Live With Parents/Family Member Other**

**If you rent you will need to provide your landlord ‘s name & phone number this includes Trailer Parks & Apartment Complexes**

**Landlord’s or Property Manager’s Name: Phone#**

**Fenced Yard: YES NO Fencing Type & Height:**

**How many live in the home? Adults: Children: Ages of the Children:**

**Are there any family members who need special consideration for any reason?**

**If so can you please explain:**