



POTENTIAL ADOPTION APPLICATION

FOR OFFICE USE ONLY

Date:
Animal ID #
Animal Name:

APPLICANT/CO-APPLICANT PROFILE

Last Name:	First Name:	Age:	Spouse:
Physical Address:			City/State/Zip:
Home Phone:		Work/Cell Phone:	
Email Address:		Driver's License #:	State:
Do you own or rent?		If you rent, have you paid all pet deposits?	
Landlord's name:		Landlord's Contact Info:	
How long have you lived at this address?		Any plans to move in the near future?	

FAMILY/HOUSEHOLD INFORMATION

Number of adults in the household:	Relationships:	
Have all the adults in the household agreed to this adoption?		
Number of children in the household:	Ages of Children:	
Have the children had pets before?	Any allergies to pets?	
Why would you like to adopt an animal from us? (Check all that apply)		
<input type="checkbox"/> Companion for self	<input type="checkbox"/> For another household member	<input type="checkbox"/> For child
<input type="checkbox"/> For another pet	<input type="checkbox"/> Guard/Protection	<input type="checkbox"/> Gift
<input type="checkbox"/> Other Explain:		

CURRENT/PAST PET INFORMATION

Do you currently have pets:	Is this your first pet?						
Please tell us about pets that you have had in the past 5 years.							
Name	Breed	Age	M	F	NM	SF	Where are they now
Have you ever given an animal away or relinquished an animal to a shelter? If yes, what were the circumstances?							
Veterinarian's Name:				Veterinarian's Phone #:			
Current pet's last visit to a veterinarian and why:							

NEW PET INFORMATION

How long have you been looking for a pet?	
It takes time for animals to adjust to a new environment. How much time are you prepared to allow for your new pet to adjust to your home?	
Are you able to afford a bill of \$200-\$800 for emergency veterinary care?	YES NO
How much do you expect to spend on maintenance for your pet in a year?	
Are you committed to providing a responsible home for your pet's entire life (10+ years)?	YES NO
If you have to move, what do you plan to do with your pet(s)?	

Who in the household will be the pets' primary care giver?	
Where will the pet be kept during the day? (be specific)	During the night? (be specific)
How many times a day do you plan to take your dog outside?	
How do you plan to housetrain (or litter train) your pet?	
Do you plan to let your cat outside? YES NO	
Do you have a fenced yard? YES NO	Type of fence:
If no, How do you plan on containing your pet outside of your house?	
How many hours per day will your pet be left alone?	
Some of our animals are not fully grown yet. Are you prepared for the potential size of your new pet and how it could affect your home?	
What do you plan to do with your pet when you go on vacation?	
What would you do if your pet develops a problem with:	
Digging: _____	
Barking: _____	
Chewing: _____	
Separation Anxiety: _____	
Aggression: _____	
Failure to house/litter train: _____	

MEDICAL INFORMATION

There are yearly vaccines that your new animal needs to remain healthy. Required vaccines for dogs are the Rabies vaccine and DHPP/DHLPP (commonly known as distemper). Required vaccines for cats are the Rabies vaccine and FVRCP (commonly known as feline distemper). Please check with your veterinarian for his recommendations.	
Are you aware of the costs involved and your responsibility for the veterinary care, food, heartworm or FeLV/FIV and flea/tick preventative, and the housing of this animal?	YES NO
Initial here:	

PLEASE NOTE

Our goal is to place animals into permanent, caring and loving home. We will do what is best for the animal being considered for adoption. Some need county homes, some need adult-only homes, some need homes where they will not be left alone for long periods of time. Please understand that if you are refused, it is because it is in the best interest of the animal. We reserve the right to hold an application for 24 hours before adopting out an animal so that we may review it.	
Please understand that Cedar Rapids Animal Care & Control is not a veterinary clinic and that this animal may be harboring a medical condition which is not apparent during its stay at the shelter, and that should such a condition become apparent <u>after</u> adoption, you assume full responsibility for any related veterinary care . We strongly recommend that you take your new pet to a veterinarian for a health examination within one (1) week of adoption.	
Initial here:	

By signing below, you have stated that all information on this application is true to the best of your knowledge. The Cedar Rapids Animal Care & Control has the right to refuse an adoption if it is found that information stated on the application has been falsified.		
_____ Signature of potential adopter	_____ Date	_____ Printed name of potential adopter

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Landlord Approval? YES NO Reason:	
Additional Comments:	
_____ Signature of CRACC Adoption Staff	_____ Date