

Cape May County Animal Shelter & Adoption Center

Application for Adoption

Name: _____ Date: _____
 Address: _____ Apt# _____ Cat/Dog Name: _____
 City: _____ State: _____ Zip: _____ Animal ID# : _____
 Phone 1: _____ Phone 2: _____ Attendant: _____
 Phone 3: _____ Email: _____

Approved: _____ Denied: _____ Comments: _____

1. Why did you choose this particular pet? _____
2. Why do you want a pet? (circle one) *House Pet* *Guard dog* *Mouser* *Companion* *Gift* *Company for other pet* *Other*
3. Is this your first experience with a pet? Yes _____ No _____
4. What pets do you **currently** have in your household? (USE BACK OF PAGE TO CONTINUE IF MORE SPACE IS NEEDED)

		<u>Type</u>	<u>Altered</u>	<u>Where Kept?</u>	<u>Age</u>
NAME _____	BREED _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
NAME _____	BREED _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
NAME _____	BREED _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____
NAME _____	BREED _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____

5. Pets owned in the **past** five years other than those listed above. (USE BACK OF PAGE TO CONTINUE IF MORE SPACE IS NEEDED)

Name	Type	Breed	Altered?	Kept where?	Time Owned	What happened to this Pet?
_____	Dog/Cat	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
_____	Dog/Cat	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
_____	Dog/Cat	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____

6. Have you adopted from us in the past? Yes No
7. Have you ever surrendered a pet? Yes No If yes why? _____
8. Who is your current Veterinarian? _____ Phone# _____
(please list all vets used for above pets on back)
9. May we have permission to contact your veterinarian? Yes No Initial: _____
10. Do you live in a House Apartment Condo Mobile Home Duplex Other
11. Do you.. Own your home Rent Live with Parents Other
12. If you rent, does your lease allow pets? Yes No
13. If you rent what is your landlords Name? _____ Phone: _____
14. Could we visit your home? Yes No

15. How long have you lived at this address? _____ years _____ months
16. How many people live in your home? Adults? _____ Ages _____ Children? _____ Ages _____
17. How would you describe your home? Active Noisy Quiet Average
18. Anything we should know about the people who live in your home? *(ie: grandma uses a walker, fearful children etc)*

19. Who would care for this pet in the event of a serious illness? Name: _____ Phone: _____
Relationship to you: _____
20. Do you or anyone living in your household have any known allergies to animals? Yes No
If Yes, Who and what kind(s) of animals and how severe is the allergy? _____
21. Who will be responsible for the care of this pet? _____
22. Are you aware that your pet may need to be groomed every 6-8 weeks? Yes No
23. Have you ever used a Pet sitter? Yes No If yes, who _____ Phone _____
23. Where will this pet be kept during the **Day?** _____ **Night** _____
24. How many hours a day will the pet be alone? _____ Where will pet be kept while alone? _____

DOG ADOPTIONS ONLY

25. Are you familiar with this breed(s)? Yes No If yes, how? _____
26. Do you have a fenced in yard? Yes No If yes, how high? _____
27. Do you realize that you may have to houstrain your new dog? Yes No
28. Are you familiar with the leash and licensing laws in your community? Yes No
29. What will you do if your dog chews furniture or shows other destructive behavior? _____
30. Are you familiar with Crating and what are your feelings about it? _____
31. Do you plan on taking your dog to obedience training classes? Yes No
32. Are you familiar with heartworm disease? Yes No
33. How will you keep your dog confined to your property? *(check all that apply)*
 In house Crate Fenced yard On Chain Garage Patio On Leash Dog House

CAT ADOPTIONS ONLY:

34. Will your new cat be allowed to go outside? Yes No If yes, under what circumstances? _____
35. Have you declawed any cats in the past? Yes No If yes, why? _____
36. Do you plan on having this cat declawed? Yes No
37. What will you do if your cat claws the furniture or shows other destructive behavior? _____

In an effort to assure the best possible pet adoption, we ask that you take your time and complete this application fully. An unwise adoption can result in an unpleasant experience for the pet and the adoptive family. We reserve the right to take multiple applications on a single animal as our adoptions are **not** based on a first come first serve basis. We reserve the right to refuse any adoption that we feel is not in the best interest of this animal. We reserve the right to require multiple visits with certain animals. We also reserve the right to do a property, house, and neighborhood check, at managements discretion.

A refusal does not represent any shortcomings of the applicant, but reflects our assessment that a particular pet would not do well in the circumstances offered. We use our years of experience as our chief guide in arranging a successful adoption. It is our intention to make the best possible placement for this animal. We are committed to treating everyone as an individual and with respect during this screening process.

By signing below, I am certifying that I have read and understand all the information and questions on all pages of application and have answered them honestly and thoroughly. If I, my family, or other parties consent to having our **photo** taken at time of adoption, I give consent from all parties for this photo to be used on the **CMCAS** Facebook page, website, and in other publications and I understand I will receive no compensation.

Sign: _____ Print: _____ Date _____

ADOPTION REQUIREMENTS

Prior to approval of application the following documents must be supplied:

***** Copy of Identification** (Valid driver's license is preferred but other forms are accepted.)

***** Home Owners:** Home ownership will be verified through public records. If unable to verify through records you will be required to provide proof.

_____ (initial)

***** Renters/Others:** Written permission from landlord/homeowner is required. _____ (initial)

***I give the Cape May County Animal Shelter permission to contact my veterinarian to obtain any and all vet records.** _____ (initial)

Print Name: _____

Signature: _____

Applications will not be processed until all the above documents have been supplied. When the documents are received the application will be submitted for review. The process can take several days. Please be patient while we do what is best for our pets. _____ (initial)

DO NOT WRITE BELOW THIS LINE- STAFF ONLY

Application Reviewed by: _____

Application Is Complete & Legible Id Attached Adoption Fee: _____

Documents Pending _____

Administrative Review _____