

**Union County Animal Protection Society
Adoption Application**

Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____

Name of pet you are interested in adopting: _____

Why do you want to adopt a pet?

Who will be the primary caretaker of this pet? _____

Is there anyone at home who would be adversely affected by the care of dogs/cats (allergies)?
_____ Yes _____ No

Do you: _____ Rent _____ Own your home

Landlord's Name/Phone Number: _____

Do you have permission to have a dog/cat? _____ Yes _____ No

Do you have a fenced yard? _____ Yes _____ No

Approximate size of yard? _____

Where will the animal be kept during the day? _____

Where will the animal be kept at night? _____

Will this be your first pet? _____ Yes _____ No

List any other pets you have now:

Are your pets: _____ Spayed/Neutered _____ Vaccinated _____ Heartworm Prevention

Does your pet get along with other animals? _____ Yes _____ No

If you have had pets in the last 5 years, what became of them?

May we contact your veterinarian? _____ Yes _____ No

Please provide the name, address, and phone number of your most recent veterinarian.

Are you prepared for the expenses of yearly boosters, emergency medical care, and routine care for possibly 10-15 years? _____ Yes _____ No

No. of adults in home: _____ No. of children in home: _____ Age of Children: _____

Do all members of your household want to adopt this pet? _____ Yes _____ No

How long have you lived at your present location? _____

Do you anticipate moving in the near future? _____ Yes _____ No

Are you willing to make a commitment to this pet? _____ Yes _____ No

How did you learn about the pet you have applied to adopt?

Comments, questions, or additional information

Note: By submitting an application form, you are not committing to adopting a pet, but providing information UCAPS needs to help you find your perfect pet.

