

# WAYNE TOWNSHIP ANIMAL SHELTER

## ADOPTION APPLICATION

Welcome to the Wayne Animal Shelter. Please complete the following application to better help us in assisting you with the selection of your new pet. The animal's welfare is our foremost consideration. There is a minimal adoption fee which will help to offset a small portion of the cost that we incur in caring for each animal.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Current Photo ID (i.e. driver's license or passport) DL# \_\_\_\_\_

Are you at least 18 years of age? Yes  No

References - Must not be a relative or live in the same household:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____

### PET INFORMATION

1. What kind of pet are you here to adopt? Dog  Puppy  Cat  Kitten

Other \_\_\_\_\_

2. Do you have any preference to breed, sex, age, size, hair length? Yes  No

If yes, explain \_\_\_\_\_

3. Is this your first experience with a pet? Yes  No

4. Other pets (current & former): Yes  No  Pet's Name: \_\_\_\_\_

Type	Altered	Licensed	Vaccinated	Kept Where
Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	In <input type="checkbox"/> Out <input type="checkbox"/>
Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	In <input type="checkbox"/> Out <input type="checkbox"/>
Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	In <input type="checkbox"/> Out <input type="checkbox"/>
Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	In <input type="checkbox"/> Out <input type="checkbox"/>

5. Who is your veterinarian? Name \_\_\_\_\_ Phone \_\_\_\_\_

6. Do you currently live in a: House  Apartment  Condominium  Other

7. How long have you resided at your present address? \_\_\_\_\_

If less than 2 years, your previous address: \_\_\_\_\_

8. Do you: Own  Rent  Live with family (i.e. parents, grandparents, siblings etc.)

If you rent does your lease allow pets? Yes  No

If yes, please provide copy of rental lease. Landlord's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

If live with family, must provide notarized statement from family giving permission for adoption.

9. Have you ever been convicted of animal cruelty or abuse? Yes  No  If yes, where and when \_\_\_\_\_

- 10 How many people live in your household? \_\_\_\_\_ List Children's Ages: \_\_\_\_\_
11. Where will this pet be kept during the day? \_\_\_\_\_ Night? \_\_\_\_\_
12. Is anyone home all day? Yes  No
- If no, how many hours will the pet be left alone in a 24 hour period? \_\_\_\_\_
13. Where will the pet be kept when alone? \_\_\_\_\_
14. Have you ever adopted from a shelter before? Yes  No  If yes, when and where  
\_\_\_\_\_
15. Have you ever brought an animal to a shelter? Yes  No
16. Are you financially prepared to give your new pet routine and ER medical care? Yes  No
17. Would you object to a visit from Wayne Animal Control? Yes  No

**DOG ADOPTIONS**

1. Do you want the dog for a (check all that apply):  
House Pet  Guard Dog  Watch Dog  Companion   
Breeder  Companion for another pet  Other \_\_\_\_\_
- \* If dog is a gift, then the person receiving the gift must complete this application.
2. Are you familiar with the leash and licensing laws in Wayne? Yes  No
3. Do you realize that you will probably have to housetrain the dog? Yes  No
4. Are you familiar with crate training? Yes  No
5. How will you keep your dog confined to your property? (Check all that apply)  
In Home  Kennel  Fenced Yard  On Chain  Garage   
Patio  On Leash  Other \_\_\_\_\_

**CAT ADOPTIONS**

1. Do you want the cat for a (check all that apply):  
House Pet  Mouser  Companion  Breeder   
Companion for another pet  Other \_\_\_\_\_
- \* If cat is a gift, then person receiving gift must complete this application.
2. Will the cat be allowed to roam outdoors? Yes  No

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You must complete all of the information to be considered as an adopter. By signing below, you certify that you understand the following:

- Wayne Township reserves the right to refuse adoption to anyone for the reasons stated in the adoption policy.
- Wayne Township will provide the specific reasons for an adoption denial.
- The information above is true, accurate and not misleading in any way.
- Wayne Township reserves the right to contact any individuals or businesses listed on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Wayne Animal Shelter Use Only – Do Not Write Below This Line**

Review Form  Vet Check  DL Check  Landlord Check  Notarized Family Authorization

**Approved: Yes  No**

Notes: \_\_\_\_\_

Signature \_\_\_\_\_