



# Ingham County Animal Control/Shelter Adoption Application

BK# \_\_\_\_\_ Cage# \_\_\_\_\_ Interviewer \_\_\_\_\_

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Pet's Age \_\_\_\_\_

## Personal Information

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

County \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

List two personal references: name, address & phone # (This is a REQUIRED Field)

1. \_\_\_\_\_

2. \_\_\_\_\_

## What is your Pet Experience

Is this your first companion animal? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, have you prepared your home and family? \_\_\_\_\_ yes \_\_\_\_\_ no

Why do you want to adopt this animal?

\_\_\_\_\_ Companionship \_\_\_\_\_ Breeding \_\_\_\_\_ A Gift  
\_\_\_\_\_ Family Pet \_\_\_\_\_ Protection \_\_\_\_\_ Mouser  
\_\_\_\_\_ Companion for Pet \_\_\_\_\_ Other \_\_\_\_\_

Do all members of your household support this adoption? \_\_\_\_\_ yes \_\_\_\_\_ no

Why have you chosen to get a pet now? \_\_\_\_\_

What experience/knowledge do you have with this breed? \_\_\_\_\_

Why have you chosen ICAS? \_\_\_\_\_ to help a homeless pet \_\_\_\_\_ convenience of location  
\_\_\_\_\_ referred by someone \_\_\_\_\_ saw pet on website \_\_\_\_\_ Newspaper \_\_\_\_\_ Other

## Home, Family and Living Circumstances

Please list the adults and children living in your household:

Adults \_\_\_\_\_

Children & Ages \_\_\_\_\_

Does anyone in your household have allergies to animals? If yes, please explain how this will be managed: \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, what type of fence and how tall? \_\_\_\_\_

If no, how will your pet be restrained when outdoors? \_\_\_\_\_

Do you ... \_\_\_\_\_ Own Home \_\_\_\_\_ Own Condo \_\_\_\_\_ Rent Home \_\_\_\_\_ Rent Condo  
\_\_\_\_\_ Rent Apartment \_\_\_\_\_ Live with someone else \_\_\_\_\_ Live in mobile home park  
\_\_\_\_\_ other \_\_\_\_\_

If renting, who is your landlord? \_\_\_\_\_ Phone # \_\_\_\_\_

Are you planning on moving soon? \_\_\_\_\_ If yes, where? \_\_\_\_\_

**Pet Information-Current and Past**

How many animals do you have now? \_\_\_\_\_ How many dogs? \_\_\_\_\_ How many cats? \_\_\_\_\_ Other pets? \_\_\_\_\_

Are your pets spayed and neutered? \_\_\_\_\_ yes \_\_\_\_\_ no  
If your pets are not spayed/neutered, please explain why they are not: \_\_\_\_\_

Have you ever given a pet away? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please explain: \_\_\_\_\_

Have you ever surrendered a pet to an animal shelter/humane society? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please explain: \_\_\_\_\_

If your last pet is no longer living with you, Why? And where is it now?  
\_\_\_\_\_

Have you, or anyone in your present household ever been convicted of animal cruelty, dog fighting or related crime? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please explain: \_\_\_\_\_

Where will the pet spend most of its time? \_\_\_\_\_ in the house \_\_\_\_\_ in the basement  
\_\_\_\_\_ outside \_\_\_\_\_ barn \_\_\_\_\_ other \_\_\_\_\_

Where do you plan to have your new pet sleep? \_\_\_\_\_

How many hours a day will this pet spend alone? \_\_\_\_\_

How will you confine this animal when you are not home? \_\_\_\_\_

How will you housetrain this pet? \_\_\_\_\_

How long do you intend to keep this pet? \_\_\_\_\_ What would you do if you could no longer care for this pet? \_\_\_\_\_

Under what conditions could you no longer keep this pet? \_\_\_\_\_

**Veterinarian Information**

When was the most recent vet appointment and why: \_\_\_\_\_  
Who is your Veterinarian? \_\_\_\_\_

Veterinarian's Phone number: \_\_\_\_\_

What questions or concerns do you have regarding this adoption? \_\_\_\_\_

***I have answered the screening questions truthfully and to the best of my ability. I understand that misrepresentation of this information is grounds for denying this and future adoptions.***

\_\_\_\_\_  
**Applicant Signature**

Revised 4/13/07

\_\_\_\_\_  
**Date**

**Ingham County Animal Shelter Adoption Agreement -page2-**

\_\_\_\_\_ I will have this animal (s) evaluated by a veterinarian within 5 days of the adoption.

\_\_\_\_\_ I understand that the environment within most shelters include conditions that often activate stress in animals. If the animal has behavior problems that I am not sure how to manage, I will contact ICAC for information and resources or seek professional assistance..

\_\_\_\_\_ I understand that although dogs available for adoption have had their temperaments assessed by ICAC, I also understand that this screening is not a guarantee the animal will respond in the same manner in a new home with new owners and it make take 3-6 months for a dog to adapt to a new home & family.

\_\_\_\_\_ I am aware of the financial cost of caring for this animal and am capable of providing for such care. I am also aware of the daily time commitment needed for proper care of this animal and am capable of providing such care.

\_\_\_\_\_ I agree to provide this animal with proper food, water, shelter, exercise, veterinary care, companionship, humane treatment and supervision.

\_\_\_\_\_ I am aware of and agree to abide by all local laws and ordinances.

\_\_\_\_\_ I am aware of the licensing law and will license my dog immediately or when it is 4 months old, or within 30 days of adoption.

\_\_\_\_\_ I understand the requirement that if this dog/cat is not surgically sterilized or rabies vaccinated, I agree to do so at the time listed on the sterilization contract at my own expense.

\_\_\_\_\_ I have been given the opportunity to discuss any questions or concerns I have regarding the adoption of this animal with an ICAS staff.

\_\_\_\_\_ I understand that it is the Michigan State Law that any animal adopted from a Shelter in the State of Michigan Must be spayed or neutered. Spaying or Neutering an adopted animal is not a choice **IT IS THE LAW**. If this animal is not spayed or neutered prior to leaving the Shelter, I will abide by the attached spay/neuter contract to avoid legal action.

\_\_\_\_\_ I understand that any cat/kitten that is adopted will be an indoor pet only.

\_\_\_\_\_ If I am adopting a cat/kitten, I have been informed that the Ingham County Animal Shelter recommends rabies vaccination of all cats, even 'house cats'.

\_\_\_\_\_ I understand that once I adopt this animal I am responsible for any and all medical care needed and that **ICAC will NOT** assume any responsibility for any medical expenses of an adopted animal.

Adopter's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Adoption Counselor \_\_\_\_\_ Date \_\_\_\_\_