

MADERA COUNTY ANIMAL SERVICES ADOPTION APPLICATION

Type of pet desired: Dog _____ Cat _____ Other _____ Impound # _____ Cage # _____

Name of Adopter: _____ DL # _____

Address _____ City _____ Zip _____

Home phone # _____ Cell _____ Work _____

Email address: _____ (free 30 day pet insurance from Shelter Care)

Do you own your home? Yes _____ No _____ (this information will be verified by the assessor's office)

If you answered **NO** to the above question; Do you rent? Yes _____ No _____ Other _____

If you do not own your home we must have the property's owner's information!

Landlord/Property Mgt. Contact _____ Phone # _____

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Number of adults in household _____ Number of children in household _____

Ages of children in household _____

Does anyone have any allergies to animals? Yes _____ No _____

Who is your veterinarian? _____ City _____

Have you ever owned a pet before? Yes _____ No _____ Do you currently own any pets now? Yes _____ No _____

Are your pets spayed or neutered? Yes _____ No _____ If no, would you like information on low cost spay
neuter options and the benefits from spaying/neutering? Yes _____ No _____

If your dogs are not licensed and reside in Madera County, we will provide you with the information needed to comply. Rabies vaccinations and licensing protect your family, your pet and our community!

Do you have a securely fenced yard? Yes _____ No _____

Where will the animal spend the majority of its time? Indoors _____ Outdoors _____

If outdoors, what do you have available to protect the pet from the weather?

Who will be responsible for training your pet? _____ Have you trained a pet before? Yes _____ No _____

I UNDERSTAND THAT MADERA COUNTY ANIMAL CONTROL HAS THE OBLIGATION TO VERIFY ALL INFORMATION ON THIS APPLICATION. INACCURATE INFORMATION COULD JEOPARDIZE THE ADOPTION PROCESS. MADERA COUNTY ANIMAL CONTROL RESERVES THE RIGHT TO INSPECT THE PREMISES ON WHICH THE ANIMAL WILL BE RESIDING.

Signature

Date

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**OFFICE USE ONLY:** Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments \_\_\_\_\_