

Name of the animal you are applying for : _____

Thank you for considering adoption from the Iowa City Animal Care & Adoption Center

The Iowa City Animal Care and Adoption Center has assumed responsibility for the welfare of every animal that enters our facility. Our purpose is to place an animal in a responsible home for the rest of its life. This must be a home where it will receive appropriate care, humane treatment and necessary veterinary care and where it will be controlled so as not to become a free roaming animal, or add to the surplus of animals already in the community.

We have formulated this application to assist our staff in the careful selection of home placements for our animals available for adoption. Only adults of legal age are eligible to adopt from the Center. All members of household must meet the animal before this application may be considered.

WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION

Date _____ Time _____

Name _____ Address _____ City _____

State _____ Zip _____ Phone () _____ Phone () _____

Are you 18 years or older? _____ E-mail Address _____

DO YOU LIVE IN A: House _____ Apartment _____ Condo _____ Mobile Home _____ Farm _____

Dorm _____ Parent's house _____ **I Own** _____ **I Rent** _____

Landlord's Name _____ Phone () _____

Have you ever adopted an animal from the Iowa City Animal Center before? _____

Have you ever been refused adoption of an animal from the Center? _____ If yes, please explain _____

Please provide the following information about everyone living in the household:

Number of adults: _____ Names of adults: _____

Number of Children: _____ Names and Ages of children: _____

- Which member of your household will hold primary responsibility for the animal's
Veterinary Care: _____ Feeding: _____ Training/Socialization: _____
- Why you would like to adopt an animal from us. Check ALL that apply:
Companion _____ Emotional Support Animal _____ to breed _____ Gift for someone _____
Companion for another pet _____ as a mouser _____ Watchdog _____ Hunting _____
- What type(s) of pets do you own or have you owned during the past 5 years?

TYPE/BREED	KEPT WHERE	AGE	SPAYED/NEUTERED	SEX	STILL OWN	IF NO, WHY NOT?	LICENSE?	NAME
			<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"/> YES <input type="checkbox"/> NO			
			<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"/> YES <input type="checkbox"/> NO			

- If you have animals now or have had them in the past, who is (was) your veterinarian? _____
_____ Phone () _____
- What vaccinations has your animal had in the past year? _____
- When was your animal's last visit to a veterinarian? _____ Reason? _____
- If you move in the future, what will you do with your animal(s)? _____
- a. Regular, yearly veterinary care may cost \$300 for an adult dog or cat and \$400 for a puppy or kitten. Do you have the resources for this? _____
b. Food, pet supplies, and obedience training may cost as much as \$500 for a dog and \$400 for a cat every year. Do you have the recourses for this? _____
- Do any members of your household have allergies? Yes _____ No _____
What kinds? _____
- Do you have a fenced yard? If yes, how is it fenced? _____
- Do you plan to let your animal exercise outdoors? Yes _____ No _____ How often? _____

12. This animal will be home alone for about _____ hours per day _____ days per week.
13. Where will the animal be kept during the day? _____ At night? _____
14. Do you understand that state laws and/or local ordinances require regular vaccinating, leashing, and licensing of companion animals? _____ Do you agree to do these things? _____
 Have you ever been involved with an Animal Control Department? Yes _____ No _____
 If yes, what were the circumstances? _____

15. **EXPLAIN HOW** will you train your animal to:
 Stay off furniture/tables? _____
 Not chew plants or other items? _____
 Not scratch furniture? _____
 Do you plan to declaw if adopting a cat? _____ Front declaw or all four paws? _____
 Are you aware of the many alternatives to declawing? _____
16. **Explain what you will you do** if your animal:
 Urinates outside of the litter pan, on wall or carpet? _____

 Keeps you awake at night? _____

17. What type of identification do you plan to place on your animal? _____
18. Do you feel that domestic animals should be spayed/neutered? _____
19. Do you plan to let your animal have kittens or puppies? Yes _____ No _____
 If yes, why? _____
20. It may take your animal two weeks to several months to adjust to its new home. Are you prepared to allow for this time of adjustment? _____
21. How did you learn about the Iowa City Animal Care and Adoption Center? _____

By signing below, I certify that the information I have given is true. **I recognize that any misrepresentation of facts may result in my losing the privilege of adopting or keeping an adopted animal.** I understand The Iowa City Animal Care and Adoption Center has the right to deny my request to adopt an animal. I understand they will not “hold” an animal for me if my application is incomplete and other applicants may meet all criteria. I authorize investigation of all statements in this application. I understand that this application is the property of The Iowa City Animal Care and Adoption Center.

Signature _____ Date _____

FOR OFFICE USE ONLY

Applicant interview Date _____ By _____

Recommendation: _____

