

Type of 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 \_\_\_\_\_ Apt/Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Phone \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_

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

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
			YES NO		YES NO			
			YES NO		YES NO			
			YES NO		YES NO			
			YES NO		YES 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_