

DB _____

[OFFICE USE ONLY]

ST. CHARLES COUNTY HUMANE SERVICES

PET ADOPTION CENTER - ADOPTION APPLICATION

P# _____
AS400 _____ NAL _____
CITY CODE _____ A/C _____
APPROVED BY: _____
[OFFICE USE ONLY]

DATE _____

YOU MUST BE 21 YEARS OF AGE TO ADOPT A PET

Thank you for considering adopting a pet from the Pet Adoption Center. To better serve your needs and that of the animals in our care, we ask that you carefully read and answer the following questions before spending time with the animals. Completing this application might take several minutes, but it is our intention that your relationship with your new pet lasts many years.

*I agree to answer each and every question related to this adoption truthfully. I understand St. Charles County Division of Humane Services relies on this application in making decisions as to the permanent place of animals in its care. The information provided herein is essential in ensuring all animals are placed in the best possible homes. In signing below I agree and attest all questions related to this adoption are answered fully and truthfully to the best of my knowledge. I further agree to surrender said animal, upon request of the St. Charles County Humane Services, to the St. Charles County Division of Humane Services if it is discovered I fraudulently answered any questions related to this adoption. **If you did not find the right pet today, we will happily keep your application on file for 90 days.***

Signature _____

Date _____

PLEASE PRINT LEGIBLY

Email Address _____

Name _____

Home Ph _____

Current Address _____

Cell Ph _____

City/State/Zip _____

Work Ph _____

Occupation _____

Address this pet will be living at _____
(Some animals will require a home visit.)

Do you live in a: HOUSE DUPLEX APARTMENT MOBILE HOME CONDO

Name of complex (Apt/MHP/Condo) _____

Do you plan on moving in the near future? YES NO If so, when: _____

Is anyone in your home allergic to pets? YES NO Is anyone in the house afraid of dogs/cats? YES NO

Do you have a fence? YES NO If yes, height of fence _____ Type of fence WOOD CHAIN VINYL

The following live with or visit regularly: _____ Elderly people _____ Children (list ages): _____

How many pets have you had in the last five years? _____ How many do you still own? _____ Are they spayed/neutered? YES NO

List breeds you currently own, their gender and age _____

List any behavior problems you are **NOT** willing to work with. _____

Have you ever surrendered an **OWNED** animal to Animal Control? YES NO If yes, when? _____

IF ADOPTING A CAT, will it be: Indoors Outdoors Both FELUK/FIV test (**\$15 NONREFUNDABLE**) YES NO

IF ADOPTING A DOG, how many hours will it spend Outside_____hours Alone_____hours

Where will your dog be when you are not home? Garage Crate Yard Room Loose in the house

What type of dog are you looking for? Playful/Enthusiastic Laid Back

Are you comfortable with training your dog to improve manners such as jumping, stealing food and pulling on leash? YES NO

Upon completion of this application, please save and email it to pets@sccmo.org.

STAFF USE ONLY 1) ADOPTION COUNSELOR_____DATE_____ 4) ADOPTION COUNSELOR_____DATE_____
2) ADOPTION COUNSELOR_____DATE_____ 5) ADOPTION COUNSELOR_____DATE_____
3)ADOPTION COUNSELOR_____DATE_____ 6)ADOPTION COUNSELOR_____DATE_____

Dog has interacted with children? YES NO

Dog has interacted with other dog? YES NO

Discussion Items Covered: ___Socialization ___House/Crate Training ___Obedience Training ___Heartworm Prevention ___Grooming
___Breed Characteristics ___Exercise Requirements ___Activity Level ___Introducing Other Pets ___Dogs and Children
___Routine Health Care

OFFICE/ADOPTION COUNSELORS COMMENTS _____

