



Murray Calloway County Animal Shelter



ADOPTION APPLICATION

What pet are you interested in? _____

Applicant Information

Name: _____ Address: _____

City, State, Zip code: _____

Email: _____

Phone Number: _____

Occupation: _____ Age: _____

Emergency Contact (Name & Phone): _____

Driver's License Number: _____

Basic Information

Do you **RENT** or **OWN** your home?

If renting, please provide:

Landlord Name/Company: _____

Landlord Phone Number: _____

of people in your household: _____

Do you have children under the age of 5? **YES** **NO**

How would you describe your home environment? **CALM** **ACTIVE** **BOTH**

How many hours per day will your pet be unsupervised? _____

How will your pet spend their time? (Select all that apply)

- Indoors Outdoors Mostly Outdoors Barn Tied Outside Kennel
 Running Free Fenced Yard



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Current Pets

Pet Name	Age	Breed	Spayed/Neutered?
			YES or NO
			YES or NO
			YES or NO
			YES or NO

Veterinary Information

Current Veterinary Clinic: _____

Phone Number: _____

Account Holder's Name: _____

By signing below, I authorize Murray Calloway County Animal Shelter to contact my veterinarian to verify that my pets have current vaccinations and that I have acted responsibly as a pet owner.

Signature: _____ Date: _____

Additional Questions

Have you ever been convicted or accused of animal fighting, neglect, or cruelty? YES NO

Are you a first-time pet owner? YES NO

Have you adopted from us before? YES NO

I understand and agree that any animal adopted from MCCAS must be spayed or neutered by the date specified in the adoption contract - no exceptions.

Yes, I understand and agree.

Do you understand that your new pet may act differently at first and agree to give them time to adjust to their new environment? Yes, I understand and agree.

Signature: _____ Date: _____