

# Indianapolis Animal Care Services Adoption Application

Date: \_\_\_ / \_\_\_ / \_\_\_

Animal ID# \_\_\_\_\_

Animal Name: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Driver's License # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ E-mail: \_\_\_\_\_

If IACS is unable to reach you regarding the animal, who can we contact? **(Microchip purposes Only)**

Alt. Contact Name: \_\_\_\_\_ Alt. Contact # \_\_\_\_\_

## Housing Information

**(Select One):** Rent \_\_\_\_\_ Own \_\_\_\_\_ Student Housing \_\_\_\_\_

If you do not own your home, do you have permission from the property owner to have this type of pet? YES / NO

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What restrictions does the property owner have on pets? \_\_\_\_\_

## Other Pets in the Home

Dog / Cat Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

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Are your current pets all spayed/neutered? YES / NO

If "NO," please explain: \_\_\_\_\_

My City. My Shelter.

## Veterinarian Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Why do you want this pet? \_\_\_\_\_

\_\_\_\_\_

Is this pet for you? YES / NO If "NO," please explain: \_\_\_\_\_

Have you owned this type of pet before? YES / NO

Have you ever turned a pet into Indianapolis Animal Care Services or any other shelter or rescue group? YES / NO

If "YES," please explain: \_\_\_\_\_

Can you commit to this pet for its entire lifetime? YES / NO If "NO," please explain: \_\_\_\_\_

Are you currently able and willing to spend the time and money necessary to provide medical care and proper treatment? YES / NO

Do you agree to take your pet to your vet for routine exams, vaccinations, and if it should require specialized care or treatment for illness, injury or disease? YES / NO

**Complete this section if adopting a cat, if not skip to next section**

Have any cats in the home been tested for FIV? YES / NO / NOT SURE

Have any cats in the home been declawed? YES / NO / NOT SURE

Are you aware of the potential side effects of declawing a cat? YES / NO

Under what circumstances would you have a cat declawed? \_\_\_\_\_

**Complete this section if adopting a dog, if not skip to next section**

Where do you plan to keep your pet during the day? \_\_\_\_\_

Where will your pet stay at night? \_\_\_\_\_

How will you exercise this pet? \_\_\_\_\_

Do you have children (Under 18) who live in or visit your home? YES / NO

Have they met this pet? YES / NO

If NO, please explain: \_\_\_\_\_

**Other Information**

I certify that the information I have provided in this application for a companion animal is true and the correct to the best of my knowledge. I also acknowledge that falsification of the above can result in a denial of my application/adoption. Adoptions are sometimes approved pending a home visit by an Animal Control Officer, and often approved by current pet vaccinations and landlord pet deposits, if applicable. I understand animals adopted from Indianapolis Animal Care Services **MUST** be spayed or neutered **BEFORE** being released to their new owner.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_