

PRE ADOPTION FOR DICKINSON ANIMAL SHELTER

APPLICANT INFORMATION

Pet you would like to adopt: <input type="text"/>			
Name: <input type="text"/>		Phone: <input type="text"/>	
Current Address: <input type="text"/>			
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	

LAND LORD/ COURT MANAGER/ OWNER

**** If you rent a house/apartment or live in a trailer court, please complete the information below****

Name: <input type="text"/>		Phone: <input type="text"/>	
Address: <input type="text"/>			
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	

QUESTIONS ABOUT YOU/AND YOUR HOUSEHOLD

Do you live in a:	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Condo	<input type="checkbox"/> Other:	<input type="text"/>
Do you have a fenced in yard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	*If yes, what height is it? <input type="text"/>		
Do you have any children in the home?	Yes	No	*If yes, what are their ages? <input type="text"/>		
Do any members in your household have allergies? <input type="text"/>					
What pets, if any, have you had in the past? <input type="text"/>					
<input type="text"/>					
Do you have any pets in your household now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	*If yes, what type? <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: <input type="text"/>		
*If yes, how many? <input type="text"/>					
*If dog(s), what breed(s) are they? <input type="text"/>					
*If cat(s), where are they kept?	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Both	*If cat(s), are they declawed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*If yes, what are their ages? <input type="text"/>					
*If yes, are they spayed/neutered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	*If yes, are their vaccinations current? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*If yes, are they currently licensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	License number(s): <input type="text"/>		

REFERENCES

**** Please list 2 (two) references we may contact****

REFERENCE #1:	Name: <input type="text"/>	Phone: <input type="text"/>	
Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
REFERENCE #2:	Name: <input type="text"/>	Phone: <input type="text"/>	
Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>

VETERINARIAN YOU USE

Name: <input type="text"/>	Phone: <input type="text"/>		
Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>

****By submitting this form you give us AUTHORIZATION to contact the people listed above****