

CITIZENS FOR ANIMAL PROTECTION DOG ADOPTION APPLICATION

You must be 18 years or older to adopt from CAP and to complete this Adoption Application.

Adoption Process Time: (staff only) Date _____

*Staff
initial*

Start Time _____ Time Completed _____ Adoption Counselor _____

*Staff
initial*

Animal Information: (staff only) Foster _____

Chk dog

1st Adoption: Incoming # _____ \$ _____ \$ _____ Disc Type _____

2nd Adoption: Incoming # _____ \$ _____ \$ _____ Disc Type _____

History /
Memos

Adopter Name _____ DL# _____

Adopter Address _____ Apt _____

City _____ State _____ Zip _____

How long have you lived at this address? _____ Is this where the animal will live? Yes No

Phone1 _____ Cell__ Home__ Work__

Phone2 _____ Cell__ Home__ Work__

Your employer _____

Deposit

I live in: Apartment House Condo/Townhome Other _____

Rent

I own my home

pets

or I rent my home - (Landlord or Apt Name _____ Phone _____)

Weight

or Someone else owns my home (ex. parents, roommate, relative, etc) _____

Please list all adults living in the residence:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

CURRENT PET HISTORY: Please list pets you currently have:

Type of Pet	Age	Spayed/Neutered?	Kept inside? Outside? Both?

PREVIOUS PET HISTORY: Please list pets you have had in the past 5 years but no longer have:

Type of Pet	Age	Spayed/Neutered?	Reason no longer have

Have you adopted from CAP previously? _____ If yes, do you still have the pet? _____

What is the name of your veterinarian or clinic? _____

Are all your own animals current on vaccinations? _____ Current on heartworm preventative? _____

