

What animals are currently in the home?

Name	Dog/Cat/Other	Sex	Age	Altered

Do any animals come to visit/stay with you? Yes No

How often do they visit? _____

Prior animal history

List all the animals you have had in the last 10 years and what is their current status

Name	Dog/Cat/Other	Status (Outcome)

Where will my new pet stay when I am not home: Inside Outside Crate
 Garage Other

How many hours a day will my pet be left alone? _____

Where will my new pet sleep? _____

Veterinarian Information

Name of Veterinarian or Practice:
Phone Number:

Why do you want to adopt this pet? _____

*I understand that I assume full responsibility for the welfare of this pet from the date of adoption. I understand that, should the pet be returned, there is no refund of any fees.

*I understand that by signing this application I am not guaranteed the adoption of any animal, and my application is contingent upon the approval of CCAS staff.

*I agree that all information I have provided on this application is true and complete to the best of my knowledge.

*Signature: _____

Date: _____

