

# Franklin County Dog Shelter



# Adoption Form

|          |             |        |           |
|----------|-------------|--------|-----------|
| PET NAME | CAGE NUMBER | STATUS | ANIMAL ID |
|          |             |        |           |

|                |                      |                        |               |
|----------------|----------------------|------------------------|---------------|
| FIRST NAME     | MIDDLE               | LAST NAME              | DATE          |
|                |                      |                        |               |
| STREET ADDRESS |                      | CITY                   | STATE         |
|                |                      |                        | ZIP           |
| COUNTY         | PRIMARY PHONE NUMBER | SECONDARY PHONE NUMBER | EMAIL ADDRESS |
|                |                      |                        |               |

|                |                     |                              |
|----------------|---------------------|------------------------------|
| RESIDENCE TYPE | LIVING ARRANGEMENTS | IS OWNER/RENTER OF RESIDENCE |
|                |                     |                              |
| YARD TYPE      | FENCE HEIGHT        | LANDLORD'S NAME              |
|                |                     | LANDLORD'S PHONE             |
|                |                     |                              |

|                                      |                               |   |   |   |  |
|--------------------------------------|-------------------------------|---|---|---|--|
| PET MUST GET ALONG WITH              |                               |   |   |   |  |
| <input type="checkbox"/> DOGS        | <input type="checkbox"/> CATS | <input type="checkbox"/> CHILDREN UNDER 8 | <input type="checkbox"/> ELDERLY PEOPLE | <input type="checkbox"/> OTHER SMALL PETS | <input type="checkbox"/> NONE OF THE MENTIONED |
| PET WILL BE PRIMARILY                | PET WILL BE A GUARD DOG       | FAMILIAR WITH CRATE TRAINING              | ESTIMATED ANNUAL SPENDING ON PET        |   |  |
|                                      |                               |   |   |   |  |
| HOURS PET WILL SPEND OUTSIDE PER DAY | HOURS PET WILL SPEND ALONE    | WHEN ALONE, PET WILL BE                   |   |   |  |
|                                      |                               |   |   |   |  |

|                               |  |
|-------------------------------|--|
| VETERINARIAN'S NAME           | VETERINARIAN'S PHONE NUMBER                        |
|                               |  |
| VETERINARIAN'S STREET ADDRESS | VETERINARIAN'S CITY                                |
|                               | PET OWNER NAME ACCORDING TO VETERINARIAN'S RECORDS |
|                               |  |