



1700 Brown Road, Auburn Hills, MI 48326  
 Phone: 248-391-4100 | Fax: 248-391-9266  
 oakgov.com/petadoption

ID #: (Staff Use Only) \_\_\_\_\_

# Adoption Application Form

This form is used for adopters and interested parties.

## APPLICANT INFORMATION

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

Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

ID/Driver's License #: \_\_\_\_\_ Spouse/Partner name: \_\_\_\_\_

Are you currently:  Employed full-time  Employed part-time  Unemployed  Student  Retired

## LIVING ARRANGMENT

Do you:  Rent your home  Own your home  Live at parents

If you rent, does your landlord allow pets?  Yes. How many? \_\_\_\_\_  No  Not sure

Landlords name and phone number: \_\_\_\_\_

What type of home do you have?  House  Condo  Mobile home  Apartment  Other \_\_\_\_\_

Length of time at your current address: \_\_\_\_\_

Do you plan on moving in the foreseeable future? If so, where will you move and why? \_\_\_\_\_

Are all members of your household aware of and in agreement with this adoption? If not, please list who is not in favor of the adoption and the nature of their concern or objection. \_\_\_\_\_

Are any members of the household allergic to cats or dogs?  Yes  No

Who lives with you? Please list all children and adult in the home your pet will reside.

Name

Age

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you have owned any animals in the past 10 years and are not currently in your possession, what happened to the animals? \_\_\_\_\_

**CURRENT PETS, PET OWNERSHIP, AND VET CARE**

Can you afford to care for a pet? (Food, supplies, veterinary bills, etc.)  Yes  No

Do you have a veterinarian?  Yes  No Veterinarians Name: \_\_\_\_\_

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

Are you willing to provide regular care for your new pet?  Yes  No

What is your estimate of the cost for annual routine vet care for the pet you wish to adopt? \_\_\_\_\_

Would you allow us to speak with your vet to obtain information on the health care of your pets?  Yes  No

What pets do you currently have? List all, except fish.

Pet Name	Breed/Species	Age	Spayed/Neutered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do your current pets wear identification tags or are microchipped? \_\_\_\_\_

Are your pets vaccinations current?  Yes  No

Have your cats been tested for feline leukemia?  Yes  No

**PET CARE**

Where do you keep your pet when you are not at home? \_\_\_\_\_

When inside, how do you plan to keep your pet?  Free inside the house  Confined to a crate

When outside, how do you plan to keep your pet?  N/A, indoors only  On a chain  On a cable  
 Garage  Fenced yard  Invisible fence  Free in yard  On a leash

How will you introduce your new pet to any existing pets? \_\_\_\_\_

How do you plan to handle undesirable behavior (crewing, accidents, scratching furniture, barking, getting onto countertops, etc.)? \_\_\_\_\_

**ADOPTION INFORMATION**

I want to adopt a:  Cat  Dog  Female  Male  No preference

Why do you want to adopt this pet? (Check all that applies)

- Companionship
- My children will learn to be responsible for and to care for another creature
- Love animals. Want to help a pet in need
- Want to breed
- Looking for mouse/rodent control for home
- Feel sorry for the animal. The animal is so cute I can't leave it behind
- Gift for someone. If so, for whom? \_\_\_\_\_
- Companion for another pet
- Other \_\_\_\_\_

Who will be primarily responsible for the care of the pet? \_\_\_\_\_ Age: \_\_\_\_\_

**I UNDERSTAND & AGREE**

- 1.) The above statements are true to the best of my knowledge.
- 2.) I understand that my pet needs to be provided with food, water, and shelter at all times.
- 3.) I understand that the Oakland County Animal Control and Pet Adoption Center cannot guarantee the temperament or behavior of any animal I adopt.
- 4.) For dog adoptions, I understand that my dog must be contained to my yard at all times, except when I accompanied by me on a leash.
- 5.) I understand that while animals are cared for and up-to-date on their vaccinations there is still a chance they may carrying a disease or infection. I will follow up with my veterinarian within 10 days of the adoption.
- 6.) I understand that it is Michigan State Law to keep my dog vaccinated against rabies and to purchase a dog license every year/three years.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**HOW DID YOU HEAR ABOUT US?**

We want to know so we can better serve the citizens of Oakland County! (Check all that apply):

- Facebook    Website    Petfinder    Volunteer    Family/friend    Other \_\_\_\_\_

**MANAGEMENT APPROVAL**

Approved by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Denied by: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_