Allegan County Animal Shelter

Adoption Application- Cats

2293 33rd Street Allegan, MI 49010 Phone: 269-686-5112 Fax: 269-686-4715

Applicants: Please fill out all of the following information <u>COMPLETELY</u>. Submit this application either by turning it into our office, faxing it, or emailing it to <u>alleganpaws@gmail.com</u>. We will notify you as soon as your references have been contacted and whether or not your application has been approved. Thank you for your interest in the Allegan County Animal Shelter animals!

Date:		
ID number:		
Breed:		
Name of animal:		
Date available for adoption:		
Applicant Information:		
A)		
Name:		
Street Address:		
City:		
Home Phone:	Cell:	
Drivers License #:		
	work phone:	
Previous or current veterinarian that we	may contact (if applicable):	
	Phone:	

B)					
List two personal refe	rences that we may co	ontact: (name, address, pl	none number, relati	on):	
1.					
2.					
C)					
Do all members of yo	ur residence agree wi	th this adoption?			
O YES		ON (O NOT SURE		
Number of adulta livi	ng in your household	Number of	ahildran		
Number of adults five	ng in your nousenoid:	Number of	ldren:		
		Ages of chi	idren		
Do you reside in a:	Mobile home	O Condo/Townhouse	O Apartment	O House	O Other
Landlord's/Property o	owners Name (if appli	cable):			
	11.		e:		
Does the community	you live in have any a	nimal or breed restriction	ns?		
OYES	(ОиО			
If yes, please explain:					

D)				
Please	tell us about your current pets:			
☐ I cı	arrently do not have any other pets			
Dog	Breed:	Age:	_Spayed/Neutered?	
Dog	Breed:	_Age:	Spayed/Neutered?	
Dog	Breed:	Age:	_Spayed/Neutered?	
Dog	Breed:	Age:	_Spayed/Neutered?	
Cat	Breed:	_Age:	_Spayed/Neutered?	
Cat	Breed:	_Age:	_Spayed/Neutered?	
Cat	Breed:	Age:	_Spayed/Neutered?	
Cat	Breed:	Age:	_Spayed/Neutered?	
Other:				
If any of your pets are not spayed/neutered, please explain why:				
Have y	you ever surrendered an animal to the sh	nelter? If so, please explai	n why:	

E)					
Questi	ons about your potential new pet:				
1.	1. Does anyone in your family have allergies to cats? If yes, please explain:				
2.	Where will this cat reside? O INDOORS O OUTDOORS O BOTH				
3.	3. Who will be responsible for cleaning, feeding of this pet?				
4.	What is your reasoning for wanting this pet?				
5.	Are you planning to declaw this cat? OYES ONO				
6. If your cat develops litter box issues, what will you do?					
7.	Are you moving within the next year?				
	Where will this pet go if you move?				
false in undersand we contact that ac	fy that the above information is true, and that I have answered these questions. I understand that any information will nullify this adoption and future adoptions from the Allegan County Animal Shelter. I stand that the Allegan County Animal Shelters goal is to find the best home suited for a particular animal ill not argue with this as the decision will be final. I give the Allegan County Animal Shelter full rights to the thin this application. I understand dopting an animal is a very serious commitment and I am willing to accept this responsibility.				
Signat	ure:				

Printed name:

Date: ____

Shelter staff: Allison Koster	OAPPROVED	O DENIED
Signature:		
Date:		
Comments		
Comments:		
If denied, what were the reasons	?	