



Dog Name: _____
ID #: _____
Chip: # _____
Date/Time: _____
Counseling done: Yes No
Representative: _____
Notes: _____

Dog Adoption Application

To adopt a pet you:

- o Need to present current identification showing present address.
- o Must be at least 18 years of age.

Personal Information

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Work: _____

E-mail address: _____

Secondary contact: _____ Phone: _____

Why would you like to adopt a dog? _____

Does anyone in your home have dog allergies? Yes No

Are you prepared to provide this dog with the necessary veterinary care? Yes No

Veterinarian's name and phone number: _____

Housing Information

Apartment House Mobile Home Other _____

Rent* Own

*Landlord's name and phone number: _____

Do any children reside in your home? Yes No

If yes, please list their ages: _____

Pet Information

Please list all current pets in your home.

Name	Species	Age	Indoor/Outdoor?	Time in your care	Spayed/Neutered	
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No

Please list any known causes of death for past pets: _____

Do you have a fenced yard? Yes No*

*How do you plan to exercise your new pet?

Adoption Promotion

How did you hear about pet adoptions from No Kill Glynn County? (check all that apply)

- | | | | | |
|--|---------------------------------------|---------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Newspaper Article | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Magazine | <input type="checkbox"/> Radio | <input type="checkbox"/> TV |
| <input type="checkbox"/> Off-Site Adoption | <input type="checkbox"/> Friend | <input type="checkbox"/> Social Media | <input type="checkbox"/> Website | <input type="checkbox"/> Other |

Additional details: _____

Did a special promotion make a difference in your decision to adopt? Yes No

Agreement

By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of fact may result in NKGC refusing adoption privileges to me. I authorize NKGC to contact all veterinarians listed on the application and the landlord if applicable. If my request for adoption is approved and later NKGC discovers the above information is not true or correct, NKGC reserves the right to remove the adopted dog from my home.

I would like to make an additional donation of \$_____ to go toward the care of other adoptable animals of No Kill Glynn County.

Signature: _____ Date: _____