

Cape May County Animal Shelter & Adoption Center

Application for Adoption

Name: _____ Date: _____
 Address: _____ Apt # _____ Cat/Dog Name: _____
 City: _____ State: _____ Zip: _____ Animal I.D. # _____
 Home Phone: _____ Fee: _____
 Work/Cell Phone: _____ Attendant: _____

Approved: _____ Denied: _____ Comments: _____

PLEASE FILL OUT THE FOLLOWING QUESTIONNAIRE

1. What kind of pet are you here to adopt? Dog Puppy Cat Kitten Other _____

2. Why do you want a pet? _____

3. Do you have any preferences as to breed type, sex, age, size, length of hair, etc.? _____
 Yes No **If yes, what are your preferences?** _____

4. Is this your first experience with a pet? Yes No

5. What pets do you currently have in your household?

NAME _____	Type _____	Spayed/Neutered	Kept Where?	Age _____
	<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____
NAME _____	Type _____	Spayed/Neutered	Kept Where?	Age _____
	<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____
NAME _____	Type _____	Spayed/Neutered	Kept Where?	Age _____
	<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____

6. List pets owned in the past five years other than those listed above.

Type _____	Spayed/Neutered	Kept Where?	Time Owned	What Happened To This Pet?
<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____	_____
<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____	_____
<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____	_____
<input type="checkbox"/> DOG <input type="checkbox"/> CAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____	_____

7. If you answered NO to 5 & 6 – Could we visit your home? Yes No

8. Who is your veterinarian? _____ Phone # _____

9. May we have permission to contact your veterinarian? Yes No

10. Do you Own Rent your property?

11. Do you currently live in a House Apartment Condo Mobile Home Duplex?
12. If you rent, does your lease allow pets? Yes No
13. If you rent, what is your landlord's Name? _____ Phone# _____
14. How long have you lived at the above address? _____ Years _____ Months
15. How many people live in your household? Adults? ____ Ages ____ Children? ____ Ages ____
16. If you live alone, who would care for this pet in the event of illness? _____
17. Do you or does anyone living in your household have any known allergies to animals? Yes No
If Yes, to what kind(s) of animals and how severe is the allergy? _____
18. Who will be responsible for the care of this pet? _____
19. Where will this pet be kept during the **DAY**? _____ **NIGHT**? _____
20. How many hours per day will it spend alone without human companionship? _____
21. Where will it be kept when alone? _____
22. How did you hear about our adoption service? _____

DOG ADOPTIONS ONLY:

23. Do you want the dog for *(check all that apply)*
House Pet Guard Dog Watch Dog Companion Gift Company for other pet Other _____
24. Are you familiar with this breed? Yes No If YES, how? _____
25. Do you have a fenced yard? Yes No If YES, how high? _____
26. Do you realize you will probably have to housetrain your new puppy or dog? Yes No
27. Would you like information on how to housetrain a new puppy or dog? Yes No
28. Are you familiar with the leash and licensing law in your community? Yes No
29. What will you do if your dog chews furniture or shows other destructive behavior?
30. Are you familiar with crating? Yes No If YES, what are your feelings about it? _____
31. Do you plan on taking your dog to obedience training classes? Yes No
32. Are you familiar with heartworm disease? Yes No
33. How will you keep your dog confined to your property? *(Check all that apply)*
In House Kennel Fenced Yard On Chain Garage Patio On Leash

CAT ADOPTIONS ONLY:

34. Do you want the cat for *(check all that apply)*
House Pet Mouser Companion Gift Company for other pet Other _____
35. Will this cat be allowed outdoors? Yes No If YES, under what circumstances? _____
36. Do you plan on having your cat declawed? Yes No
37. What will you do if your cat claws the furniture or shows other destructive behavior? _____