

Date: _____ Time: _____ Int: _____ | Date: _____ Time: _____ Int: _____ | Date: _____ Time: _____ Int: _____



Date: _____ Name of prospective Animal _____

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Cell _____ Work _____

Are you 18 or Older? _____ Birthdate _____ DL # _____

Thank you for considering adopting from our shelter. You will be making a 10-20 year commitment to the pet you adopt and our goal is to help make the best match possible for you and the pet you are interested in. Before you adopt, please consider the time, effort, and funds (\$1,000 annually for food, supplies, vaccinations, and veterinary care) necessary to properly maintain an animal. Consider your residential position and the chance that you may move away, leaving a committed friend behind because you may not be able to bring your pet with you. Responsible pet ownership requires a commitment to provide care and companionship for the life of the animal. Please complete this application in full so that we can help match a pet's individual needs and personality traits with you.

Homeowner _____ Renter _____ Other _____

Landlord/ Home Owner Name and Phone Number _____

Yard (Y/N) _____ Fenced (Y/N) _____ Children (Y/N) _____ Allergies (Y/N) _____

Other pets at this address (Y/N)* _____ *If yes, please see second page.

Seeking: Dog _____ Cat _____ Other _____ Is this a Gift for Someone(Y/N)? _____

First experience with a pet (Y/N)? _____

I seek a pet that is:

(Circle all that Apply)

Size: Small Medium Large Any Size

Energy: High Energy Outdoorsy Lap Dog/Cat Mellow Affectionate Quiet

Reasons for New Pet: Walking buddy Hunting Guard Dog Herding Mouser Companion for other Pet/ Self

Noise/ Activity level in your home: High Medium Low

Animal will be: Indoor only Outdoor only Both Pet will be alone _____ hours a day

Current Pets at this Address:

Pet Name: _____ Owner's Last Name: _____

Check One: Dog _____ Cat _____ Ferret _____ Veterinarian Clinic: _____

(Office Use Only) **(Office Use Only)**
Rabies Expiration Date: _____ City License Expiration Date: _____

Pet Name: _____ Owner's Last Name: _____

Check One: Dog _____ Cat _____ Ferret _____ Veterinarian Clinic: _____

(Office Use Only) **(Office Use Only)**
Rabies Expiration Date: _____ City License Expiration Date: _____

Pet Name: _____ Owner's Last Name: _____

Check One: Dog _____ Cat _____ Ferret _____ Veterinarian Clinic: _____

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Pets take a minimum of two weeks to adjust to a new home, and many times even longer. They may have accidents, damage items, hide, become anxious and/or exhibit any number of other undesirable behaviors. Are you prepared to dedicate the time, patience, training and/or financial burden this animal may require? _____
Under what circumstances would you not be able to keep this animal? _____
What plans do you have in place if you were unable to keep this animal? _____

I certify that the above information is true and correct. I also acknowledge that falsification or attempt to mislead the Great Falls Animal Shelter of the above can result in my being denied adoption. I understand that all animals adopted from the Great Falls Animal Shelter must be spayed or neutered before they are released from the Shelter.

Applicant Signature _____ Date _____

Office Use Only:

Landlord/ Homeowner Approval: YES _____ NO _____ DATE: _____

Notes: _____

Adopt-A-Friend Check: YES _____ NO _____ DATE: _____

Notes: _____

Verified Vaccinations: YES _____ Verified City License: YES _____

Staff Signature _____ Date: _____ Approve _____ Deny _____