

Baldwin County Animal Services

Adoption Application

1395 Orchard Hill Rd  Milledgeville, Ga 31061
(478)-445-5514  ac@baldwincountyga.com

SHELTER USE ONLY

DATE RECEIVED: _____

RECEIVED BY: _____

ADOPTION APPROVAL DATE: _____

ADOPTION DENIAL DATE: _____

SHELTER REP SIGNATURE: _____

(SEE LAST PAGE FOR FURTHER SHELTER DETAILS)

ONLINE APPLICATION AVAILABLE AT WWW.JOTFORM.COM/BALDWINSHELTER/ADOPT

Please list the name(s) of the animals that you are interested in meeting. _____

Name: _____ Phone Number: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

*We welcome adopters who rent, or live in an apartment or condo, so we will be contacting your landlord as a part of the adoption process. We want to alert you that some landlords and management companies have size and breed restrictions, limits on the number of pets, and/or require pet deposits or additional fees. **If you have a copy of your lease / rental agreement, please be sure to bring a copy with you or submit it with your application.***

Do you currently:

- Own your home
- Rent your home
- Live with relatives / other

Are you planning to move within the next year?

- Yes
- No
- Unsure

Are there children in the home?

- Yes
- No

Age(s): _____

Landlords Name: _____ Landlords Number: _____

Please describe a typical day in your new pet(s) life. (How many hours alone in the home? How much time outdoors? etc.)

Tell us about your previous experience with dogs/cats/etc as pets please be sure to add the experiences of your child/children here as well.

Have you or anyone residing in your household ever been accused, charged, or convicted of animal neglect, abuse, or cruelty?

Name of current Veterinary Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you willing to allow us to check a vet reference or vet records for other current and/or previous pets? Clinic Phone Number: _____

- Yes
- No

Name of previous Veterinary Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you willing to allow us to check a vet reference or vet records for other current and/or previous pets? Clinic Phone Number: _____

- Yes
- No

PLEASE LIST ALL CURRENT ANIMALS IN THE HOUSEHOLD

Name / Type <i>(Ex. Fido / Dog)</i>	Age	Gender	Spayed / Neutered	Indoor / Outdoor	Up to date on Vaccines? <i>Dog: Rabies, Distemper, Parvo, etc</i> <i>Cat: Rabies, Distemper, Leukemia, etc</i>
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____

Please tell us about all other pets that you've had in the past 5 years and why they are no longer with you.

If adopted, this pet will be:

- Indoor

 Indoor / Outdoor

 Outdoor Only

If outdoors, please describe the outdoor housing you will be providing for this animal.

How will you confine the pet to your property when outdoors?

- Walked on leash
 In a fully fenced yard
 In a pen / run
 Electric / Underground Fence
 On a chain / runner / tethered
 No containment, expect pet to stay around the home

If you picked the option for a fully fenced yard, please let us know the height and material of fencing.

If indoors, where will the pet be kept during the day?

- In a crate
 Limited access in home
 Free range of entire home

If indoors, where will the pet be kept at night?

- In a crate
 Limited access in home
 Free range of entire home

Are you at least 21 years of age?

- Yes
 No

If not, please provide us with a parent or guardian's contact information.

We simply ask for this to be sure that, if adopting as a college student, the animal will be welcomed in your parent or guardians home if you move back with them after graduation.

If not, tell us here. _____

Name: _____

Phone Number: _____

BALDWIN COUNTY ANIMAL SERVICES RESERVES THE RIGHT TO DECLINE ANY APPLICATION, IF, IN OUR OPINION, THE PROSPECTIVE HOME AND THE POTENTIAL PET ARE NOT A GOOD MATCH.

My signature on the application, whether electronic or paper, confirms that all information I've provided is true and accurate to the best of my knowledge. I understand that the completion of this application is not a guarantee of adoption. I further understand that any misleading or false information, or any omission of requested information, is cause for denial of my application.

Adopter Signature

Date

STAFF NOTES: _____
