



## Dog Adoption Application

(Applicants must be at least 18 years of age)

Name of Dog: \_\_\_\_\_

Impound #: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Adoption fee is payable with cash or check only. Credit/Debit cards are currently NOT accepted\*\***

**\*\*Filling out this application does not guarantee adoption approval.\*\***

Name of potential adopters: 1. \_\_\_\_\_

2. \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are the potential adopters employed? \_\_\_\_\_ If No, please explain: \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ If you rent, you must provide landlord's information.

Landlord's name and phone: \_\_\_\_\_

*(If you rent, landlord approval is needed before the adoptable animal will be released to a home.)*

Number of adults living in the home (18 yrs or older): \_\_\_\_\_

Number of children living full and/or part time in the home: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Does anyone living in the household have animal related allergies? \_\_\_\_\_

Have you ever owned a dog before? \_\_\_\_\_ Is there a yard? \_\_\_\_\_ Is it fenced? \_\_\_\_\_

Have you ever had to give away a pet before? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever had to put a pet to sleep before? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any other pets that currently reside in your home? \_\_\_\_\_ If yes, what kind(s) and their ages (if known): \_\_\_\_\_

If applicable, are they spayed or neutered? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

Where do they stay (indoors, outdoors, etc.)?: \_\_\_\_\_



There are financial responsibilities that comes with owning a pet. Besides food, treats and toys, there are annual veterinary exams and vaccines needed, chronic illnesses to care for and even unexpected emergency expenses. Can you afford to properly care for the adoptable animal? \_\_\_\_\_

Name of veterinary clinic that you currently use or intend on using: \_\_\_\_\_

What arrangements will you make for the care of the adoptable dog in case of emergency, or if you become unable to care for the pet? \_\_\_\_\_

If you move, will you make arrangements to take the dog with you? \_\_\_\_\_ Under what circumstances would you consider giving up a pet? \_\_\_\_\_

The Parma Animal Shelter, Inc. is a non-profit organization. Our animals are not for sale, they are for adoption, which means a home must meet the approval before adoption a pet, including but not limited to filling out this form, discussion(s) with an adoption counselor, meeting with the prospective pet and a signed contract. In addition, the Parma Animal Shelter, Inc. reserves the right to turn down a prospective adoption at any time during this process for any reason. I assert that the information I have provided on this form is accurate and true, and have read and understand the above disclaimer.

By signing this application I understand that I am responsible for the well-being of the adoptable dog(s). I will provide proper care and shelter. I will not abandon the adoptable dog(s) at any time. Dogs/puppies must be transported with a leash and collar.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***\*\*Because you have signed this form does not mean you have been approved to adopt this animal.***

***Questions? Please contact [dogadoptions@parmashelter.org](mailto:dogadoptions@parmashelter.org)***

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**This section is to be completed by a Parma Animal Shelter, Inc. Adoption Counselor ONLY.**

Adoption Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of adoption counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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