

LAST NAME _____

DATE _____

ANIMAL to ADOPT _____

Liberty Animal Shelter Adoption Application

Phone: (816) 439-4791 | Fax: (816) 439-4794

The Liberty Animal Shelter reserves the right to refuse an adoption.

Name _____ Phone _____ Date of birth _____

Other person(s) at residence:

Address _____ City & Zip code _____

Day Time Phone Number (if different from above) _____

1. What type of pet are you here to adopt? (Circle) Dog Cat Puppy Kitten Other _____
2. Why do you want to adopt this pet? _____
3. For whom are you adopting the pet? (Self, gift, child, etc.) _____
4. What size of animal are you looking for? (Circle) Toy Small Medium Large Giant
5. What best describes the pet you are looking for? (Circle) Athletic/high energy Outdoors
Barn cat Mellow Guard Family Pet Working Hunting Companion
6. Do you understand that many puppies/ kittens that come to the shelter are from unknown origin and they may grow larger or stay smaller than estimated? (Circle) Yes No
7. Do you understand that longer haired animals require routine grooming that can be time consuming and expensive? (Circle) Yes No
8. Do you understand that all animals require routine veterinary care that includes vaccinations and preventative treatments? (Circle) Yes No
9. Are you willing to provide that care? (Circle) Yes No
10. Do you understand that any animal may develop an illness or an injury to which costly veterinary care must be provided? (Circle) Yes No
11. How many people live in your household? _____ Adults _____ Children please list the children's ages.

12. Have all the adults agreed to adopt a pet at this time? (Circle) Yes No
13. Who would be responsible for feeding and caring for the pet each day? _____
14. If this pet is for a minor, who would be responsible to make sure that this pet was properly taken care of and veterinary care was being provided? _____
15. Where will the pet spend most of the day? (Be specific in the house, crate, basement, garage, yard, etc)

16. Where will the pet be spending most of the night? _____
17. Is your yard fenced or do you have a pen outside for the pet? (Circle) Yes No
18. Do you have shelter for the pet outside? (Circle) Yes No

19. What type of shelter will be provided? (Be specific doghouse, dog door, barn, shed, tree, under the deck etc.)

20. Will anyone be home during the day? (Circle) Yes No

21. How long will the pet be left unattended during an average day? _____

22. When no one is home, where will the pet be kept? _____

23. What will you do with the pet if you travel or go on vacation? _____

24. If you rent your home, does your lease allow for pets? (Circle) Yes No

25. What is your Landlord's name and phone number? _____

26. Tell us about the pets that you own currently. Please list the animal's species, name, age, breed, and sterilization.

27. How many pets have you had in the last 5 years? _____Dogs _____Cats _____Other

28. What has happened to those pets? Please be very specific, if the pet has passed away explain how, if you had to give the animal away, explain why etc. Also include species, name, age, breed, and sterilization.

29. Which veterinarian do you use with your current and past pets? _____

30. What is the veterinarian's phone number? _____

31. Would the records for those pets be under any other name? _____

32. How did you hear about this pet? (walkin, Petfinder, Newspaper, Facebook, other)_____

33. Please select one of the following local veterinarians to have your animal spayed/neutered.

(With approved adoption application)

_____ Vet Center of Liberty _____ North Side Vet Clinic _____ Crossroads Vet Clinic _____ Ark Animal Hospital

_____ No preference

Please use this space to tell us anything else you would like for us to consider._____

APPROVED _____ DECLINED _____ DATE _____ BY _____ DATE NOTIFIED _____

REASON _____
