

CITY OF HORN LAKE ANIMAL SHELTER  
ADOPTION APPLICATION  
6410 CENTER STREET EAST  
HORN LAKE, MS 38637  
(662) 393-5857

Dog/Cat Name: \_\_\_\_\_  
Staff Member: \_\_\_\_\_  
Date: \_\_\_\_\_

**SECTION 1**

IN ORDER TO BE CONSIDERED FOR THIS PROGRAM, YOU MUST:

- Be at least 18 years of age
- Have a valid ID with current address (provide copy)
- Have the knowledge and consent of all adults in your household to adopt a pet

NAME: \_\_\_\_\_ LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Your residence is (please choose one):

A House ( Rent/ Own)    Apartment    Dorm    With Parents

Are you aware of restrictions in your apartment complex for pets? (i.e. size, pet deposits, number or kind allowed)   
YES  NO

If yes, please explain: \_\_\_\_\_

Landlord or Rental Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 2**

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR HOUSEHOLD:

① Number of adults \_\_\_\_\_ Number of children: \_\_\_\_\_ Age of children \_\_\_\_\_

② Who will hold primary responsibility for the pet: \_\_\_\_\_ Feeding of pet: \_\_\_\_\_ Training of pet: \_\_\_\_\_

③ What type of pets do you currently own or have you owned during the past five years, list below:

NAME	BREED	KEPT WHERE	AGE	GENDER	NEUTERED/SPAYED	STILL OWNED

4 If your current pets have not been spayed or neutered, are you willing to do so?  YES  NO

5 Who is your Veterinarian: \_\_\_\_\_ Clinic Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do we have permission to contact your veterinarian for health history?  YES  NO

**Pet Owner Initials:** \_\_\_\_\_

Did you have your dog on heartworm preventative?  YES  NO Brand: \_\_\_\_\_

6 When was your pet's last visit to the vet? \_\_\_\_\_

7 If you move, what will you do with your pets? \_\_\_\_\_

8 Are you financially able and willing to pay for ongoing costs of feeding, licensing, and providing medical care for your new pet? (Pet care can start at \$350 per year):  YES  NO

9 Do any members of your family have allergies?  YES  NO What kind? \_\_\_\_\_

10 Will this pet be a gift?  YES  NO

Is the person who will receive this animal aware you are getting it for them?  YES  NO

### SECTION 3

<u>DOGS</u>	<u>CATS</u>
Do you have a fenced yard? <input type="radio"/> YES <input type="radio"/> NO What kind and how high? _____ Are you aware of the leash laws in your town? <input type="radio"/> YES <input type="radio"/> NO If you work all day, how will you accommodate having a puppy in your home and provide time to train it? _____ _____	Will your cat be an inside cat? <input type="radio"/> YES <input type="radio"/> NO If your cat will be outside, what Shelter will you provide? _____ _____

### SECTION 4

1 This pet will be left alone (without human companionship) for approx. \_\_\_\_\_ hours per day \_\_\_\_\_ days per week.

2 Where will the pet be kept? Day \_\_\_\_\_ Night \_\_\_\_\_ When left alone \_\_\_\_\_

3 Your pet will need time to adjust to his/her new home. This can take one, two, or several weeks, particularly if other animals are involved. Do you have the patience and understanding to allow time for this adjustment?  YES  NO

4 Will you take introductions to new people and children in a slow, calm manner and make sure children know how to approach a dog/cat as to not overwhelm them?  YES  NO

5 Will you be committed to potty train, if needed?  YES  NO

Will you be understanding if potty accidents happen?  YES  NO

6 How did you learn about our shelter? \_\_\_\_\_

7 Have you ever adopted a pet before ?  YES  NO

8 Have you ever surrendered an animal before? ?  YES  NO

If yes, for what reason \_\_\_\_\_

9 Applicant understands that Spay/Neuter is required at Horn Lake Animal Shelter before an animal may be released to their new home. **Applicant Initials:** \_\_\_\_\_

10 Applicant understands that if (for any reason) they can no longer keep their adopted pet, it **must** be returned to Horn Lake Animal Shelter. **Applicant Initials:** \_\_\_\_\_

### Section 5

By signing below, I certify that the information I have given is true. I am aware that completion of this application is not a guarantee of approval. I understand that this application is the property of the City of Horn Lake Animal Shelter and that they have the right to accept or deny applications as they deem appropriate, and that any misrepresentation of facts could result in my loss of pet adoption privileges.

Applicant(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Reviewed By: \_\_\_\_\_

