



# Madison Heights Animal Shelter

280 W. 13 Mile, Madison Heights, MI 48071

248-837-2745

mhanimalshelter@madison-heights.org

## Adoption Application

Dog  Puppy  Cat  Kitten  Date \_\_\_\_\_

Animal's Name \_\_\_\_\_ Description \_\_\_\_\_

### ADOPTER'S INFORMATION

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Driver's Lic. \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Driver's Lic. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

1. How did you learn about the animal? \_\_\_\_\_

2. How many children living in the house and what are their ages? \_\_\_\_\_

3. Are there other Adults in the Household? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes how many \_\_\_\_\_

4. Are the other members of your household in agreement with the adoption? Yes \_\_\_\_\_ No \_\_\_\_\_

5. How many pets do you currently own? \_\_\_\_\_ Please list: \_\_\_\_\_

6. Have they been spayed or neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

7. How many hours per day will the animal be left alone? \_\_\_\_\_

8. Where will the new animal be housed? Yard \_\_\_\_\_ House \_\_\_\_\_ Both \_\_\_\_\_

9. If you marked both, what type of shelter will be provided for the new animal?

Barn \_\_\_\_\_ Shed \_\_\_\_\_ Dog House \_\_\_\_\_ Kennel \_\_\_\_\_ Fenced Yard \_\_\_\_\_

10. Is your yard completely fenced in? Yes \_\_\_\_\_ No \_\_\_\_\_

11. What kind of animals have you owned before \_\_\_\_\_
12. What happened to them? Lost \_\_\_\_\_ Escaped \_\_\_\_\_ Died \_\_\_\_\_ How? \_\_\_\_\_
13. If you have an animal in your residence now, have you ever introduced it to a new animal? Yes \_\_\_\_\_ No \_\_\_\_\_
14. If yes, how did your current animal react? Favorable \_\_\_\_\_ Difficult adjustment \_\_\_\_\_ Indifferent \_\_\_\_\_  
Other, Please Explain \_\_\_\_\_
15. Do You: Rent \_\_\_\_\_ Own \_\_\_\_\_ In Process of Buying \_\_\_\_\_
16. What type? House \_\_\_\_\_ Mobile Home \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_
17. If renting: Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_
18. Will landlord allow animals? Yes \_\_\_\_\_ No \_\_\_\_\_ Any restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what are they? \_\_\_\_\_ Pet deposit (amount) \$ \_\_\_\_\_
19. Who is your regular/previous veterinarian or what vet will you use?
20. Clinic: \_\_\_\_\_ Doctor: \_\_\_\_\_ City: \_\_\_\_\_
21. Do you agree to have annual checkups and all vaccinations administered by a licensed veterinarian?  
Yes \_\_\_\_\_ No \_\_\_\_\_
22. Can you afford to provide the animal with regular veterinary care? Yes \_\_\_\_\_ No \_\_\_\_\_
23. Are you on public assistance? \_\_\_\_\_
24. What is the reason for adopting this animal? ("X" all that apply)  
Animal lover \_\_\_\_\_ Companionship \_\_\_\_\_ Teach my children responsibility \_\_\_\_\_  
Favorite breed or color \_\_\_\_\_ To breed at least once \_\_\_\_\_ Functional duty (watchdog) \_\_\_\_\_  
Felt sorry that animal was a victim of abuse or neglect \_\_\_\_\_ Couldn't resist \_\_\_\_\_  
The animal is so cute \_\_\_\_\_ As a gift \_\_\_\_\_ For Whom? \_\_\_\_\_
25. Have you ever adopted an animal from a rescue league, humane society or animal shelter before?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, which one? \_\_\_\_\_ Approximate date \_\_\_\_\_

**Application must be filled out in its entirety in order to be processed.** Please answer all questions. Incomplete applications will not be processed. The City of Madison Heights reserves the right to deny adoption based on applications that do not meet our adoption criteria.

I swear that I have answered all of the above questions truthfully to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_