

Animal's Name: _____ Date: _____

Sitka Animal Shelter Adoption Application

Name (first, middle initial, last)		Date of Birth
Home Phone		Cell Phone
Street Address		City, State
Mailing Address (if different)		Zip
		Email Address

Please List All Other Household Members and Ages

Full Name	Date of Birth	Full Name	Date of Birth

Please List Current Pets in Your Home

Pet's Name	Species & Breed	Age	Sex	Fixed?	Rabies Vacc?

My vet clinic is: _____ My vet's name is: _____

Housing Information

Do you rent or own? _____

Name and phone number of landlord: _____

How long have you been at your current address? _____

If you move, what will you do with this animal? _____

Pet Planning and Care

Who will be primarily responsible for this pet? _____

What will you do if your new pet doesn't get along with your current pet? _____

How will you confine and exercise this pet? _____

Where will this pet be kept during the day? _____

Night? _____

Have you ever been convicted of cruelty to animals? _____

References

Please list two references: (coworkers, neighbors, friends, etc.)

1. _____ Phone: _____

2. _____ Phone: _____

I certify that the above information is true and accurate to the best of my ability and falsification of information can be cause for denial of my application. If it is found that I have falsified this information, I agree to allow the Sitka Animal Shelter and/or the Sitka Police Department to confiscate the pet I was allowed to adopt.

Signature

Date

The Sitka Animal Shelter reserves the right to refuse any pet adoption application.