

BAY COUNTY ANIMAL SERVICES & ADOPTION CENTER

K9 ADOPTION APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First AGE

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Animal applying for: _____

Have you owned this breed before?

What are your plans for this dog? Family pet Guard Hunting Service dog ESA Other

How many hours a day will the dog be alone?

When alone the dog will be: Crated Loose in the home Confined to a room Yard/Garage other

Where will the dog sleep?

I prefer to work with: A Trainer Train At Home Adopt a dog that doesn't need further training

Would you consider a different dog if it was a proper fit for your family?

INFORMATION ON CURRENT PETS

CURRENT PETS:

NAME:	BREED:	AGE:	STERILIZED?
NAME:	BREED:	AGE:	STERILIZED?
NAME:	BREED:	AGE:	STERILIZED?
NAME:	BREED:	AGE:	STERILIZED?
NAME:	BREED:	AGE:	STERILIZED?

Please list any pets you have in the past 5 years that have passed away or you gave away. If you gave the pet away please states as to why:

VETERINARIAN REFERENCE

VETERINARIAN:

PHONE:

If the Veterinarian records could be under another name please provide that name below:

HOUSING INFORMATION

Do you live in a: House Apartment Mobile Home Other

Do you: Own Rent Live With Parents/Family Member Other

If you rent you will need to provide your landlord 's name & phone number this includes Trailer Parks & Apartment Complexes

Landlord's or Property Manager's Name:

Phone#

Fenced Yard: YES NO Fencing Type & Height:

How many live in the home? Adults:

Children:

Ages of the Children:

Are there any family members who need special consideration for any reason?
If so can you please explain: