

# WAYCROSS ANIMAL SERVICES

## \*ADOPTION APPLICATION\*

REFERENCE CHECKS MAY BE COMPLETED PRIOR TO APPROVAL OF ADOPTION.

DATE: \_\_\_/\_\_\_/\_\_\_

TIME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

HOME CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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

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

CIRCLE ONE:      WAYCROSS CITY RESIDENT      -      WARE COUNTY RESIDENT      -  
OTHER \_\_\_\_\_

WILL THIS ANIMAL BE KEPT OUTSIDE?      YES      NO

IF YES, DO YOU HAVE A SECURE FENCE?      YES      NO

DO YOU HAVE PETS IN YOUR HOME NOW?      YES      NO

IF YES, LIST TOTAL NUMBER OF ANIMALS  
CURRENTLY OWNED \_\_\_\_\_

ARE ALL CURRENT PETS SPAYED OR NEUTERED?      YES      NO

IF NOT, PLEASE EXPLAIN WHY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE ALL CURRENT PETS UP-TO-DATE ON VACCINATIONS?      YES      NO

IS EVERYONE IN YOUR HOME AWARE OF YOUR INTENTION TO ADOPT THIS PET?      YES  
NO

ARE THERE ANY CHILDREN IN YOUR HOUSEHOLD?      YES      NO

IF YES, PLEASE LIST: TOTAL CHILDREN: \_\_\_\_\_      AGES: \_\_\_\_\_

DOES ANYONE HAVE ALLERGIES TO ANIMALS?      YES      NO

DO YOU CURRENTLY HAVE A PRIMARY VETERINARIAN?      YES      NO

IF YES, NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER THAN CURRENT PETS, PLEASE LIST TOTAL NUMBER OF:

DOGS OWNED IN PAST 5 YEARS: \_\_\_\_\_ CATS OWNED IN PAST 5 YEARS: \_\_\_\_\_

ARE YOU WILLING TO PROVIDE PROOF OF THIS PET'S REQUIRED INITIAL VET CHECK  
WITHIN 7 DAYS OF ADOPTION?            YES            NO

WHO WILL BE RESPONSIBLE FOR THE CARE OF THIS ANIMAL? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER RECEIVED AN ANIMAL-RELATED CITATION OR HAD AN ANIMAL  
IMPOUNDED?                                    YES            NO

ARE YOU AWARE THAT THE PET YOU ARE ADOPTING **MUST** BE SPAYED OR NEUTERED  
ACCORDING TO GEORGIA LAW?            YES            NO

REFERENCES:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**I ATTEST UNDER GEORGIA STATE LAW THAT THE ABOVE INFORMATION IS  
COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

PRINT COMPLETE NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY**

CIRCLE ONE:            APPROVED            DECLINED            PENDING

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVIEWING STAFF MEMBER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_