



Daviess County Animal Control  
2620 Hwy 81  
Owensboro, KY 42301

## Adoption Questionnaire

P: 270.685.8275 F: 270.685.6137  
Email: dcacaninals@yahoo.com  
www.daviessky.org

### Adopter Information

*You must be 18 years of age to apply*

**Incomplete or illegible applications will not be processed. Please write clearly & neatly; application is front and back.**

Date: \_\_\_\_\_ Type of animal, or name of specific animal, interested in adopting: \_\_\_\_\_

Name: \_\_\_\_\_ DL #: \_\_\_\_\_

Maiden Name, or other names you have went by, if applicable: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ DL #: \_\_\_\_\_

Maiden Name, or other names you have went by, if applicable: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Co-applicant Phone: \_\_\_\_\_

List names of other adults in household: \_\_\_\_\_

List ages of all children in – or who visit - home: \_\_\_\_\_

**HOME OWNERSHIP: Please note, we do verify the property address via the PVA website of your county.**

**We also verify with your landlord (if applicable) whether pets are allowed and any restrictions they may have in place.**

**\*\*PROVIDING FALSE INFORMATION MAY RESULT IN THE APPLICATION BEING DENIED. THE APPLICATION WILL NOT BE PROCESSED WITHOUT LANDLORD INFO!\*\***

Do you **OWN** (the house is in YOUR name)

**RENT/CONTRACT LEASE** (you have a landlord or buying on contract)

Landlord/Contract owner's name & phone #: \_\_\_\_\_

**LIVE IN A HOME OWNED BY ANOTHER ?** (the home is owned by someone other than you, I.E. parents, family member, etc.)

Home owner's name & phone #: \_\_\_\_\_

If current address is less than 6 months, list previous address: \_\_\_\_\_

### Let's make a match!

*Please circle all that apply*

Have you ever owned a cat or dog before:  YES  NO How long ago has it been? \_\_\_\_\_

I am adopting a pet as a:  Companion for myself  Companion for my other pet(s)  Companion for someone else

The most important thing I want in a pet is: \_\_\_\_\_

I consider my home to be:  Calm & quiet  Busy & loud  Somewhere in the middle

I prefer a:  Small pet (under 20 lbs)  Med pet (20-40 lbs)  Lg pet (40-60 lbs)  X-Lg pet (60+ lbs)

I prefer a:  playful, active pet  lazy, laid back pet  guard dog personality  affectionate lap pet  independent

This pet will live:  Indoors Only  Indoor & Outdoor  Outdoor Only: *In a pen On a chain In fenced yard Free Roam*

Is your yard fenced:  Yes  No  Partially Type & Height of fence: \_\_\_\_\_

Over  $\longrightarrow$

When outside, how will pet be kept contained on your property? \_\_\_\_\_

This pet needs to be comfortable with:  Infants & Toddlers  Adolescents – Teens  Cats  Sm. Dogs  Lg. Dogs

This pet needs to be:  Completely housebroken  Able to stay crated up to 8 hrs a day  I will work on housetraining it

When I am not home, my pet will be kept:  Loose in house  Crated  In garage or other bldg.  Outside in yard or chain

I am willing to provide obedience and/or behavior training to a dog  Yes, absolutely  No, too expensive  If needed, yes

Is there a situation in which you would not be willing or able to keep your pet? \_\_\_\_\_

Have you, or anyone in your home, gave away, sold, or surrendered a pet to a shelter, humane soc. or rescue?  YES  NO

Please explain YES answer from above: \_\_\_\_\_

How much time are you willing to give a new pet to adjust to the new home? \_\_\_\_\_

What bad habits can you NOT tolerate in a pet? \_\_\_\_\_

### Pet & Vet History

Please list all pets IN YOUR HOUSEHOLD (yours or others in home) within the past 5 years

Current/Past	Name	Species/Breed		Age	Spayed/Neutered	What happened to pet?

List the Veterinarian Clinic you use for your CURRENT pets (Vet Clinic Name, Phone # & City located if NOT Owensboro):

List the Veterinarian Clinic you used previously for your PAST pets (Vet Clinic Name, Phone # & City located if NOT Owensboro):

Are the records under your name?  YES  NO If no, list name: \_\_\_\_\_

**PLEASE READ AND SIGN**

I certify that the information provided on this application is true and accurate. I understand that providing false information may nullify this application. I authorize employees of the Daviess County Animal Shelter to contact the veterinarian(s) and/or the landlord listed to verify the information given. I understand that it may take up to 7 days for the application process to be completed. I understand that no animal shall be considered promised to me nor held for me during this application process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_