



Daviness County Animal Control
 2620 Hwy 81
 Owensboro, KY 42301

Adoption or Foster 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.
PLEASE ALLOW UP TO 7 DAYS FOR PROCESSING OF THIS APPLICATION – We will call once it's been processed; please check your voicemail.

Date: _____ Type of animal or name of specific animal interested in adopting _____

Name: _____ DL #: _____

Maiden Name, or other names you have gone 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 under the age of 18 in – or who visit – the home: _____

HOME OWNERSHIP / LANDLORD INFO *REQUIRED*

PLEASE NOTE: We verify the property address via the PVA of your county & contact your landlord/homeowner, if applicable.

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

DO YOU OWN (I.E. the house is in **YOUR or your SPOUSE** name): YES NO (If you live with your parents, please list their information below)

RENT/CONTRACT LEASE/PARENTS (you have a landlord or buying on contract, you live with your parents or other family members)

Landlord/Contrac/Parentst owner's name & phone #:

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

Let's make a match! *Please check all that apply*

Have you ever owned a cat or dog before: YES NO Is this your first pet since childhood: YES NO

How long has it been since you last owned a cat or dog? _____

The most important thing I want in a pet is: _____

I consider my home to be:

I prefer:

This pet will live:

Is your yard fenced: Yes No Type of fence:

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

This pet needs to be comfortable with: Cats

Over →

This pet needs to be:

When I am not home, my pet will be kept:

I am willing to provide obedience and/or behavior training to a dog

Is there a situation in which you would not be willing or able to keep your pet? Yes No

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:

What bad habits can you NOT tolerate in a pet?

Pet & Vet History * Use additional paper if needed

Please list all pets IN YOUR HOUSEHOLD (yours or others in home) within the past 8-10 years

Table with 6 columns: Current/Past, Name, Species/Breed, Age, Spayed/Neutered, What happened to pet? and 12 empty rows.

List your CURRENT veterinarian (Vet Clinic Name, Phone # & City if NOT an Owensboro veterinarian):

List your PAST veterinarian (Vet Clinic Name, Phone # & City if NOT an Owensboro veterinarian)

List the human's name vet records are listed under

Please list the last date (approximately) that your pet saw the vet: _____

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. By signing, I consent to allow my veterinarian to discuss my current and/or past pet(s) medical records with a DCAC employee.

Signature: _____

Date: _____