



Let us help
you find
your next
best friend!



Dillon County Animal Shelter Pet Adoption Application

Please fill out the following application, as each of our animals is unique and special! We want to make sure that the animal you are interested in is the right fit not only for them, but also for you and your family! Applications are processed in the order that they come in. On occasion, this can take up to several days due to days that vet clinics and businesses are closed. Thank you for patience in finding a new family member!

Pet applying for: _____ Dog Cat
Name of employee assisting you in this process: _____

Personal Info:

Name of Adopter: _____ 18 Years Old Or Older? YES NO
Address: _____ Apt #: _____
City: _____ State: _____ Phone _____
Employer: _____ Phone _____
E-mail: _____
Co-Adopter Name (if applicable): _____ Phone _____
Do you Rent Own Live w/Parents Dorm

If you rent or live with parents, please list their name(s) and phone number:

Will your pet live somewhere else on a regular basis? YES NO

If so, please list the address:

List owner of home or landlord's name and phone number if applicable for above address:

Number of children living in home: _____ Ages: _____

Do any other children and/or animals visit often? Yes No

If yes, what are the ages of the children and/or types of animals:

This pet is for: You Children Family ,Someone Else Gift

I am looking to adopt because _____

Training/ Behavioral:

What characteristics or behavior habits are you NOT willing to work with?

How will you train your pet? At Home Training Class Don't Know

How will you discipline your pet?

Do you know how to housebreak a pet? YES NO Willing to learn? YES NO

How will you work with your pet if they are having difficulties adjusting to your family/home?

Have you ever had to re-home a pet? YES NO If so, what was the reason
and how did you go about the rehoming process?

What would you do if your dog develops a problem with:

Digging:

Barking:

Chewing:

Separation Anxiety:

Aggression/ Nipping/ Jumping:

Animal Care:

This pet will be mostly: Indoor Outdoor If outdoor, do you have shelter? YES NO

What type of shelter? _____

For cats: Do you plan on declawing? No Front Front and Back Declaw

Declaw This pet will mostly be: (Check all that apply):

Companion Watchdog Hunter Farm Animal Worker Emotional Support

If for hunting, what will you do with this pet when it can no longer hunt or won't hunt?

What if the dog is gun shy? _____

If for working, what will you do with this pet if it can no longer work or won't work?

If this will be an ESA, please provide documentation needed. When outside will your animal be:

Leashed Run Free In A Fenced Area

Do you have a completely fenced in yard? YES NO

How tall is your fence? (If applicable) _____

Will this pet wear identification? YES NO If no, why? _____

What will you do with your pet if you move? _____

How many hours per day can you devote to your pet on average? _____

How many hours per day will your pet be alone on average? _____

Are you familiar with this particular breed? YES NO

How much time are you prepared for your new pet to adjust to your home?

Are you able to afford a bill of \$200- \$800 (or more) for emergency vet care? YES NO

Are you committed to providing a responsible home for your pet's entire life? YES NO

Who will be the animal's primary caregiver? _____

Please provide a reference excluding family members:

Name

Address

City

State

Zip

Phone

Email

Please provide the name, address, and telephone number of your past veterinarians

Veterinarian

City

Phone

Email.

Veterinarian

City

Phone

Email

Current Pets

Name:	Name	Name	Name
Type:	Type	Type	Type
Age:	Age	Age	Age
M F	M F	M F	M F
Current on Vaccines?	Current on Vaccines	Current on Vaccines	Current on Vaccines
YES	YES	YES	YES
NO	NO	NO	NO
Altered?	Altered?	Altered?	Altered?
YES	YES	YES	YES
NO	NO	NO	NO
Indoor	Indoor	Indoor	Indoor
Outdoor	Outdoor	Outdoor	Outdoor

- I understand by signing below that everything stated in my application is true. The shelter has the right to deny any application at any time for any reason. New applications will need to be filled out every 90 days.

Signature of adopter: _____ Time: _____ Date: _____

Signature of Dillon County Shelter Staff Member:

Office Use Only

Application Reviewed By: _____ Date _____

Home Visit Conducted By: _____ Date _____

Adoption Approved? YES NO Date _____

Notes