

The following information will help to ensure a happy and permanent adoption. Please complete in its entirety and return with proof of current vaccinations and lease agreement if applicable. We will not be able to process incomplete applications.

1st choice - name of animal		Animal :	Animal #	
2nd choice - name of animal		Animal		
3rd choice - name of animal		Animal #		
PERSONAL INFORMATION				
Name	Phone #	DOB	_//	
Address				
City		Zip Code		
Email Address:				
Children in your home? YES ()/ NO ()	If yes, list the age of individua	als in your home		
Residence type: OWN () / RENT () If you a	re currently renting you must supply a copy	/ of your lease agreement addendum	when submitting your application	
ADOPTION APPLICATION QUESTION	NAIRE:			
• The average cost of care for a dog or cat average injury. Are you financially ready and able to p			treatment of disease or	
Why do you want to adopt a pet?				
• List all current pets in the household (includ	e name, breed, age)			
Veterinarian Name	Veterinarian Phone			
• Do you consent to us calling your current ver	erinarian prior to adoption?* YES			
*Please note that in order to be considered for ado				
Have you surrendered a pet to a shelter before	pre? YES \bigcirc NO \bigcirc If yes, why?			
Have you adopted a pet before? YES // NC				
How long will this pet be alone daily?				
• If interested in a cat, will the cat be INDOOR	/ OUTDOOR / BOTH Explain:			
Cats and dogs require yearly physical exams	. Do you agree to provide yearly ph	ysical exams and vaccines?	YES 🔿 / NO 🔿	
• Do you agree to provide monthly flea, tick, and	nd heartworm preventatives? YES			
• If adopting a cat, do you plan to declaw? YES	3 () / NO ()			
Why did you choose Columbia Animal Shelter	r?			
CAS requires personal background checks to complete a backgroun check prior to adopting		oved for adoption. Do you cor	nsent to allow CAS to	

Signature Date

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