



# Ingham County Animal Control and Shelter Companion Animal Adoption Application

Please Note: ICAC cannot guarantee the health, behavior, temperament, age or breed of any animal adopted.

Animal ID: \_\_\_\_\_  
Name: \_\_\_\_\_  
Dog Cat Other: \_\_\_\_\_  
Age: \_\_\_\_\_ Fixed: Yes No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Names of adults in the household: \_\_\_\_\_ Ages of any children: \_\_\_\_\_

Do all members of the household agree with this adoption:  Yes  No  Not Sure

Have you or anyone in your household ever been charged or convicted of animal cruelty, dog fighting or related experience?  No  Yes, please explain: \_\_\_\_\_

Is your residence a:  House  Apartment  Condo/Townhouse  Mobile Home

Do you:  Own  Rent  Live with homeowner relative/friend  Other: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_ Do you plan to move in the next year?  Yes  No

If renting or living with homeowner:

Name of Landlord: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you have written permission that you can have *this specific pet* at the above mentioned residence?

Yes  No  I will get written permission

Do you have a fully fenced yard?  No  Yes, Type & Height: \_\_\_\_\_

Have you ever given a pet away or surrendered it to a shelter?  No  Yes, explain: \_\_\_\_\_

Please list your current pets and appropriate information for each:

<u>Pet's Name</u>	<u>Breed/Type</u>	<u>Age</u>	<u>M/F</u>	<u>Spayed/Neutered</u>	<u>Lives Inside/Outside?</u>
_____	_____	_____	M / F	Yes / No	Inside / Outside / Both
_____	_____	_____	M / F	Yes / No	Inside / Outside / Both
_____	_____	_____	M / F	Yes / No	Inside / Outside / Both
_____	_____	_____	M / F	Yes / No	Inside / Outside / Both

Are all of your pets current on vaccinations?  Yes  No, why? \_\_\_\_\_

Name of veterinarian: \_\_\_\_\_ Date & reason of last veterinarian visit: \_\_\_\_\_

Which best describes your reasons for wanting this pet:  Companion for self  Guard Dog

Gift for someone else  Child wants it  Hunting / Mouser  Breeding  Other: \_\_\_\_\_

Who will be responsible for caring for this pet?  Self  Spouse  Children

On a daily basis, how many hours a day will the pet spend outside? \_\_\_\_\_

How many hours a day will the pet be left alone and where will it be kept? \_\_\_\_\_

How will you provide for the daily exercise needs for this pet?  Daily leash walks/jogs

Off leash dog park  Games/Play  Other: \_\_\_\_\_

Under what conditions would you no longer keep this pet?  Excessive barking  Moving

Shedding  Occasional accidents in the house  New baby  Biting  Other: \_\_\_\_\_

What is your experience with this type of pet?  No experience  Owned this breed before  
 Currently own this breed  Owned this species (dog / cat) before  Other: \_\_\_\_\_

Please list 2 personal references (name & phone number) that we may contact:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

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**ADOPTION COUNSELOR AND ADOPTOR MUST INITIAL EACH STATEMENT BELOW:**

- \_\_\_\_\_ I will have this animal evaluated by a licensed Veterinarian within 5 working days of the adoption.
- \_\_\_\_\_ I agree to provide this pet with proper food, water, shelter, exercise, and veterinary care.
- \_\_\_\_\_ I am aware of the financial cost of caring for this animal and am capable of providing such care.
- \_\_\_\_\_ I understand that once I adopt this animal, **I am responsible for any and all medical care needed and that ICAC will NOT assume any responsibility for any medical expenses for this animal.**
- \_\_\_\_\_ I understand that adopting a new pet into a home with children comes with additional responsibility of properly supervising children and pets. I agree to not leave any child unsupervised around this pet.
- \_\_\_\_\_ I understand there is no guarantee this pet is housebroken or litter box trained.
- \_\_\_\_\_ I understand that behavioral issues may arise with a new pet and ICAC recommends I seek professional care and / or training under such circumstances.
- \_\_\_\_\_ I understand that this pet may have been unwanted, lost, or rescued from a dangerous or unhealthy situation. ICAC has limited information about an animal's history and cannot make any warranties about the condition, personality or temperament of the pet. All dogs are evaluated by a representative of ICAC, but that does not guarantee its temperament or compatibility with you or any members of your household.
- \_\_\_\_\_ I understand that it is Michigan State Law that any animal adopted from a shelter in Michigan must be spayed or neutered. If this animal is not fixed prior to leaving the shelter, I am responsible for the cost of sterilization and I will abide by the attached spay or neuter contract to avoid legal action.
- \_\_\_\_\_ I will license my dog within 30 days of adoption, or when 4 months old.
- \_\_\_\_\_ I understand that ICAC, volunteers, officers, or staff are not liable for any claims, legal actions, losses, injuries, damages, expenses, or liabilities whatsoever in connection with this adoption or ownership of this pet.
- \_\_\_\_\_ (Dogs only) I agree to never use this dog for fighting or other 'sport' where one animal is pitted against another. I agree to never beat or taunt this dog in order to promote aggressive characteristics. I agree to never put this dog in a situation where it will be abused, neglected, teased or taunted by others.
- \_\_\_\_\_ (Cats only) I will keep this cat indoors only. It is recommended that all cats get rabies vaccinated.

What questions or concerns do you have regarding this adoption? \_\_\_\_\_

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*I have answered the screening questions truthfully and to the best of my ability. I understand that misrepresentation is grounds for denying this and future adoptions.*

\_\_\_\_\_  
Applicant Signature                      Date                      Adoption Counselor Signature                      Date

*ICAC reserves the right to refuse an adoption if the applicant(s) have a history of multiple relinquishments and or animals that have been lost or killed.*

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**Office Use Only:**  Approved  Approved Pending: \_\_\_\_\_

Declined, Reason: \_\_\_\_\_

Comments: