

CITY OF DAPHNE ANIMAL SHELTER  
ADOPTION APPLICATION FORM



Thank you for your interest in adopting a pet from the Daphne Animal Shelter. Please note that all applicants must meet the following criteria:

- 19 years of age or older
- Valid identification showing current address
- Have the knowledge and consent of landlord, if applicable
- Be able and willing to provide a loving, safe and peaceful environment
- Be financially stable and willing to provide any necessary medical care

Please answer all of the following questions and PRINT CLEARLY. You may write N/A for questions that do not apply to you:

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Have you owned a pet before?  No  Yes

Why do you want to adopt at this time? \_\_\_\_\_

What drew you to this particular animal that you are interested in adopting? \_\_\_\_\_

This pet will be:  Indoor Only  Mostly Indoor  Mostly Outdoor  Outdoor Only

Where did you hear about the Daphne Animal Shelter? \_\_\_\_\_

**HOUSEHOLD INFORMATION**

TYPE OF DWELLING:  House  Condo/Apartment

NUMBER OF ADULTS IN HOME: \_\_\_\_\_

NUMBER OF CHILDREN: \_\_\_\_\_ AGES OF CHILDREN: \_\_\_\_\_

Does anyone living in your home have any known allergies?  No  Yes

Do you have any other pets?  No  Yes If Yes, please describe: \_\_\_\_\_

Are your current pets spayed/neutered?  No  Yes

Are your pets current on vaccinations?  No  Yes

Do your current pets get along with other animals?  No  Yes

NAME OF VETERINARIAN: \_\_\_\_\_

CONTACT PHONE FOR CURRENT VETERINARIAN: \_\_\_\_\_

Do you have a fenced yard?  No  Yes

Other type of enclosure?  No  Yes If Yes, please describe: \_\_\_\_\_

**PLEASE COMPLETE IF YOU ARE RENTING YOUR RESIDENCE**

NAME OF PROPERTY OWNER/AGENT: \_\_\_\_\_

CONTACT NAME (if different from above): \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

Does your lease allow pets?  No  Yes If yes, what is the weight restriction? \_\_\_\_\_

Is there a pet deposit or fee required?  No  Yes

***I certify and affirm that the answers given above are accurate and true to the best of my knowledge. I further acknowledge the City of Daphne Animal Shelter makes no warranty in regard to the health or condition of adopted animals.***

PRINTED APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

NOTE: Please understand that if your application is not selected, it does not mean that you are not considered a good pet owner or that your home is not acceptable for a pet. We do our utmost best to place each animal into perfect homes and many factors play into this decision. We thank you so much for your time and your work to give a shelter animal a chance at a better life!