

Morris Animal Refuge - Adoption Application

Date	Clerk	Animal ID No.	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	Sex	Color
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Identification

Name		
Street Address		
City	State	Zip
Home Telephone No.		

Employment

Employer	
Position	How long employed
Business Telephone No.	

Lodging

<input type="checkbox"/> Rent	Landlord's Name
<input type="checkbox"/> Own	Landlord's Phone No.
<input type="checkbox"/> Yard	<input type="checkbox"/> Fenced

Household

Number of ADULTS in household	
Number of CHILDREN in household	Ages
Roommate/Spouse's Name	

Are you in favor of neutering: yes no

Have you adopted or applied for adoption from Morris before:

yes, date: ____/____/____ no

Have you brought animals to Morris before:

yes, date: ____/____/____ no

Where did you hear about Morris Animal Refuge:
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Pet History

List the animals by name which have been part of your family during the last 10 years. Indicate the status of each using the codes below:

0. Still with me	3. Lost/ran away	6. Euthanized
1. Died	4. Stolen	7. Sold
2. Placed in another home	5. Turned into shelter	8. With parents

Pet's Name	Species	Status
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	
How many litters have the above animals had		Puppies? Kittens?
Veterinarian's Name or Practice		
Veterinarian's Telephone No.		

Shelter use only

<input type="checkbox"/> ID Check	<input type="checkbox"/> Files		
<input type="checkbox"/> Landlord Check			
<input type="checkbox"/> Vet Check			
Comments			
<input type="checkbox"/> Approved	<input type="checkbox"/> Conditional Approval	<input type="checkbox"/> Denied	<input type="checkbox"/> No call back
Spay/Neuter Scheduled		Spay/Neuter Performed	
Animal ID	Species/Desc.	Date	Morris Tag No
Animal ID	Species/Desc.	Date	Morris Tag No

By my signature below, I authorize Morris Animal Refuge to contact:

- My/our veterinarian(s) to check the care provided to previously and/or current owned pets, and to check the spay/neutering history;
- My/our landlord(s) to ensure that I have the owner's permission to keep pet(s) on the premise;
- My/our employer to confirm employment.

I certify that the statements made on this application are true and accurate to the best of my knowledge. I understand that false statements, either written or oral, may lead to the rejection of this application for pet adoption.

Signature: _____

Date: _____