



Rock Springs Animal Control Adoption Application

SHELTER PHONE 307-352-1455

FAX NUMBER 307-352-1468

FOR OFFICER USE

Date Submitted _____
Time _____
Landlord Approved? _____
Approved? _____
Denied? _____
Comments _____

PLEASE COMPLETE ALL SECTIONS OF APPLICATION

APPLICANT INFORMATION

Legal Name: _____
Physical Address: _____ City/State: _____
Mailing Address: _____ City/State: _____
Driver's License Number: _____ State: _____
Date of Birth: _____
Home Phone: _____ Cell Phone: _____
Place of Employment: _____

OCCUPANTS OF RESIDENCE

Significant Other/Spouse's Name: _____ DOB: _____ Phone Number: _____
Significant Other/Spouse's Place of Employment: _____
Do you Have Children? Yes No If yes, what are their ages? _____
If you do not have children now, do you plan to have children soon? Yes No

Please list anyone over 18 at your residence:

Legal Name: _____ DOB: _____ Phone Number: _____
Legal Name: _____ DOB: _____ Phone Number: _____
Legal Name: _____ DOB: _____ Phone Number: _____

RESIDENCE

Do you Own or Rent at your Address? Own Rent
Name of landlord, if applicable: _____
Phone number for landlord, if applicable: _____
If you rent, you must fill out the Landlord Approval Form and return the completed form to Animal Control before adoption can move forward.
Do you have a fenced yard or kenneled area outside? Fenced Yard Kenneled Area Neither
Do you have suitable shelter in your yard/kennel? Yes No Not sure
If yes, describe it: _____
Are you planning to move from your current residence soon? Yes No
If yes, to where? _____
Will you grant an Animal Control Officer permission to inspect the premise? Yes No

APPLICATION CONTINUES ON FOLLOWING PAGE

CURRENT PETS AT RESIDENCE

PLEASE LIST ALL DOGS, CATS, AND OTHER PETS CURRENTLY AT YOUR RESIDENCE:

Name					
Breed					
Age					
Color					
Sex					
Spayed/ Neutered					
Rabies Tag #					
License #					
Veterin- arian					

PLEASE LIST ALL PETS FROM THE LAST FIVE (5) YEARS THAT YOU NO LONGER OWN:

Name					
Breed					
Sex					
Why do you no longer own it?					
Where is it now?					

ADOPTION

Have you adopted from us before? Yes No

If yes, what and when? _____

Is this a gift for someone outside your household? Yes No

If yes, what is their name? _____

What is their address? _____

What is their phone number? _____

Do you plan to take this animal with you if/when you move in the future? Yes No

How do you plan to contain this animal when you are not at home? _____

Do you know and understand the local Animal Control Ordinances? Yes No

ID number of animal you are interested in adopting: _____

Animal Breed and description: _____

I certify that the answers given on this application are true and complete to the best of my knowledge and understand that submission of application does not guarantee adoption.

Signed: _____