



ADOPTION FORM

TELL US ABOUT YOU

Who would you like to adopt? :

Your First Name : _____ Your Last Name : _____

Spouse/Roommate's Name : _____

Are they okay with adopting? : Yes No

Phone Number : _____ Email Address : _____

Home Address : _____

County : _____ Years Lived Here : _____

Do you currently : Rent Own

ACSKC will check property records to ensure ownership. If you are renting, please include the following information:

Landlord's Name : _____ Landlord's Phone : _____

TELL US ABOUT YOUR PETS

Please list all pets who currently live with you. Pets should be spayed/neutered and current on their rabies shots. If they are not, we will request you to bring your pet to the vet before you can adopt from the shelter. If you have a copy of your pet's current vaccination records, please attach them to your application.

Your Veterinarian : _____ Your Vet's Phone : _____

Name of the Account Holder : _____

Additional Vet's Name/Phone : _____
If applicable

Pet Name

Pet Breed/Type

Age

Sex :

Male Female

Spayed/Neutered :

Yes No

Where Kept :

In Out

_____	_____	_____
Pet Name	Pet Breed/Type	Age
Sex :	Spayed/Neutered :	Where Kept :
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out

_____	_____	_____
Pet Name	Pet Breed/Type	Age
Sex :	Spayed/Neutered :	Where Kept :
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out

_____	_____	_____
Pet Name	Pet Breed/Type	Age
Sex :	Spayed/Neutered :	Where Kept :
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out

Please list any previously owned pets (within the past 5 years) who no longer live with you.

_____	_____	_____
Pet Name	Pet Breed/Type	Number of Years Owned
Where Kept :	What happened with this pet? :	_____
<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____

_____	_____	_____
Pet Name	Pet Breed/Type	Number of Years Owned
Where Kept :	What happened with this pet? :	_____
<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____

_____	_____	_____
Pet Name	Pet Breed/Type	Number of Years Owned
Where Kept :	What happened with this pet? :	_____
<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____

TELL US ABOUT YOUR HOME/LIFESTYLE

Is this your first experience owning a pet? : Yes No

Have you adopted from ACSKC before? : Yes No If yes, when? : _____

What is your reason for adopting? :

House Pet Guard Dog A Gift To Breed Farm Pet

As a Companion for Another Pet Emotional Support Animal Other : _____

How many hours will the pet be left alone each day? : _____

Where will the pet be kept when you are gone? : _____

How will you keep this pet contained on your property? :

In the House On the Porch Garage Trolley Fenced Yard

Invisible/Underground Fencing Outdoor Kennel Set Up Other : _____

What behaviors do you consider undesirable in a pet? : _____

If there are children in the household, how many? Ages? : _____

If you are adopting a cat, do you plan to declaw? : Yes No

If you are adopting a dog, do you plan to crop or dock? : Yes No

Your Signature

Date

I certify I am at least 18 years of age, and that the information provided above is true and complete to the best of my knowledge.

I hereby grant permission to The Animal Care Shelter for Kent County Maryland, Inc., to contact my veterinarian to obtain information related to my current and previously-owned pets in order to verify information on this application. *Please ensure your veterinarian will share your pet's records with us.*

Thank you for completing our adoption application! Please send it to info@acskc.org or 10168 Worton Road, Chestertown, MD 21620. Once your application has been reviewed, we will give you a call with next steps!