



Madison Heights Animal Shelter
280 W. 13 Mile, Madison Heights, MI 48071
248-837-2666
paigewallace@madison-heights.org
Adoption Application

Dog Puppy Cat Kitten Date _____

Animal's Name _____ Description _____

ADOPTER'S INFORMATION

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____ Phone _____

Driver's Lic. _____ Date of Birth _____

E-Mail Address _____

Employer _____ Phone _____

Spouse's Employer _____ Phone _____

Spouse's Driver's Lic. _____ Date of Birth _____

Emergency Contact Name _____

Relationship _____ Phone _____

1. How did you learn about the animal? _____
2. How many children living in the house and what are their ages? _____
3. Are there other Adults in the Household? Yes _____ No _____ If yes how many _____
4. Are the other members of your household in agreement with the adoption? Yes _____ No _____
5. How many pets do you currently own? _____ Please list: _____
6. Have they been spayed or neutered? Yes _____ No _____
7. How many hours per day will the animal be left alone? _____
8. Where will the new animal be housed? Yard _____ House _____ Both _____
9. If you marked both, what type of shelter will be provided for the new animal?

Barn _____ Shed _____ Dog House _____ Kennel _____ Fenced Yard _____

10. Is your yard completely fenced in? Yes _____ No _____
11. What kind of animals have you owned before _____
12. What happened to them? Lost _____ Escaped _____ Died _____ How? _____
13. If you have an animal in your residence now, have you ever introduced it to a new animal? Yes _____ No _____

14. If yes, how did your current animal react? Favorable Difficult adjustment Indifferent

Other, Please Explain _____

15. Do You: Rent Own In Process of Buying

16. What type? House Mobile Home Apartment Condo

17. If renting: Landlord's name: _____ Phone: _____

18. Will landlord allow animals? Yes No Any restrictions? Yes No

If yes, what are they? _____ Pet deposit (amount) \$ _____

19. Who is your regular/previous veterinarian or what vet will you use?

20. Clinic: _____ Doctor: _____ City: _____

21. Do you agree to have annual checkups and all vaccinations administered by a licensed veterinarian?

Yes No

22. Can you afford to provide the animal with regular veterinary care? Yes No

23. Are you on public assistance? _____

24. What is the reason for adopting this animal? ("X" all that apply)

Animal lover Companionship Teach my children responsibility

Favorite breed or color To breed at least once Functional duty (watchdog)

Felt sorry that animal was a victim of abuse or neglect Couldn't resist

The animal is so cute As a gift For Whom? _____

25. Have you ever adopted an animal from a rescue league, humane society or animal shelter before?

Yes No

If yes, which one? _____ Approximate date _____

26. Have you ever been financially responsible for a pet?

Yes No

27. Have you ever surrendered an animal to a shelter, rescue, or humane society?

Yes No

28. If yes, Where was the animal surrendered and why? (List approximate date of surrender and specify what type of animal).

Application must be filled out in its entirety in order to be processed. Please answer all questions. Incomplete applications will not be processed. The City of Madison Heights reserves the right to deny adoption based on applications that do not meet our adoption criteria.

I swear that I have answered all of the above questions truthfully to the best of my knowledge.

Applicant's Signature _____ Date _____