



ADOPTION QUESTIONNAIRE

Dogs interested in:

The Marion County Dog Shelter is a non-profit government organization committed to the dogs in our care. We consider pet ownership a serious responsibility. By adopting, you are making a commitment to care for a dog for the rest of his/her life.

<i>Office Use Only</i> PID#

Name:		Date:	
Spouse/Partner:		Cell Phone:	
Home Address:		Home Phone:	
City, State, Zip:		Preferred method of contact: <input type="checkbox"/> email <input type="checkbox"/> phone	
County:	Email Address:		

Emergency Contact: *This information will be uploaded on your newly adopted dog's microchip.*

Name:	Primary Phone:
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Animals in care: *Please list any animals that are currently living in your home.*

Name:	Breed(s):	Age:
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Name:	Breed(s):	Age:
Name:	Breed(s):	Age:

Please add anything that will help us make the best dog match for you: _____

I certify that the above is true and understand that false information may nullify the adoption. I understand this is only a questionnaire and does not entitle me to adopt a dog from the Marion County Dog Shelter. I certify I am 18 years of age or older. I agree that this application remains the property of Marion County Dog Shelter.

Signed: _____ **Date:** _____