Adoption Application Date/Time:_____

Animal ID Number	Animal Name	Cage Number

Applicants must be an adult, 18 years of age or older. Applicant must present a state issued photo identification card. Applications are processed on a first come first serve basis. The Animal Welfare League of Trumbull County reserves the right to refuse adoption to any applicant.

Last Name	M.I.	First Name

Street Address	Apt. Number

City, State, Zip Code		

Email Address

Primary Phone Number	Secondary Phone Number

Spouse/Partner/Roommate living with you at this same address

Last Name	M.I.	First Name

Do you (circle one): Own Rent Is this a: House Mobile Home Apartment Condo

If you are renting / leasing please provide the following information:
Landlord/Property Owner's name: _____ Phone Number: _____

Number of Children Living at Home: _____ Ages of Children: _____
Any members of your household have allergies specific to animals? Yes No
If yes, Please explain: _____

Are you (circle one): Employed Retired Student Unemployed SSI Disability
If employed: Employer_____
Occupation: _____ Full time ☐ Part time ☐

Is this pet adoption for: You ☐ Family member ☐ Friend ☐ Other ☐

Will this adopted pet be kept (circle one): Indoor Outdoor Indoor/Outdoor Barn/Garage

Have you adopted from Animal Welfare League before: Yes ☐ No ☐

If yes, what did you adopt and how long ago? _____

How many animals do you have in the household now? _____ please list below:

Pet's Name	Dog/cat/other	Breed	Male/female	Neutered/spayed	Age	Licensed (if applicable)

Who is your family Veterinarian / clinic? _____

List Veterinarian / clinic phone number: _____

There are ongoing expenses to owning a pet, including pet food, yearly vaccinations, dog licenses, and at times unforeseen medical emergencies. Are you financially able to care for a pet? Yes ☐ No ☐

I, _____, certify that the above information is true and correct. I understand that submission of this application does not necessarily mean that I will be approved to adopt, and that Animal Welfare League reserves the right to deny any applicant. I authorize my above listed Veterinarian(s) to release any and all information regarding my past and present animals to the Animal Welfare League. I further release and hold harmless both my Veterinarian(s) and the Animal Welfare League from any and all liability that may potentially result from the release and or use of such information.

Signed: _____ Date: _____

AWL Representative processing application: _____

OLN State/#: _____Circle One: Approved _____ Denied _____
Staff Staff

Comments: _____

_____

_____

Revised Sept 2015