

Animal Name/Kennel/ID: _____

Person ID: _____



Small Animal/Livestock Adoption Application

Name(s) _____

Physical Address _____

City State Zip _____

Mailing Address (if different) _____

Home/Cell/Work Phone _____

Email _____

You must be 18 years old or older to adopt from us. *If you rent, landlord permission is required for any adoption.

Your Home

Do live in a(n) House Apartment** Condo** Trailer Other **Do you** Own or Rent

**If living in an apartment/condo, name of complex: _____

*Landlord's name and phone number (if renting): _____

How many in your household/on your property?

Adults: _____ Children: _____ Dogs: _____ Cats: _____ Livestock: _____ Other: _____

Are your current pets spayed/neutered? Yes No, why? _____

Who visits your home/property? _____

Will your animal be: Indoor Outdoor Both

What kind of containment do you have for this animal?

Cage Fence Corral Barn Coop Other _____

Who will be primarily responsible for this animal? _____

Your Lifestyle and Experience

What is the activity level at home? Very Active (busy, bustling, loud) Moderately Active Quiet

Please describe your lifestyle (e.g. travel, stay-at-home-parent, retired, active, etc.)

Have you adopted from us before? Yes, when & species _____

No

Have you surrendered an animal to us? Yes, why _____

No

The basic cost to care for an animal can reach \$1,000/year, not including emergency veterinary care. Is this an expense you're willing to incur at this time? Yes No

I give the staff of Sonoma County Animal Services permission to verify any information provided on this application. I understand that completion of this application DOES NOT guarantee placement of an animal in my home. I certify that the above information is true and correct.

Signature(s): _____

I hereby authorize SCAS to use a photograph of me with my adopted animal in any and all publications, including but not limited to online social media. I acknowledge that since my participation is voluntary, I will receive no financial compensation for use of the photograph.

Signature(s): _____

Office Use Only

Application reviewed by: _____ Vist by: _____

Reviewed (check all that apply):

Medical History Prescriptions

Behavioral History Bite History

Application Approved by: _____