



**MONROE COUNTY
ANIMAL SHELTER**

Physical: 3100 E. Wisconsin Street, Sparta, WI 54656
Mailing: 14345 County Hwy. B, Suite 5, Sparta, WI 54656
Phone: (608) 269-8775 / Fax: (608) 269-1428
Email: mcasapps@gmx.com

Approved _____
Denied _____

Adoption Application

Date _____

What animal(s) of ours are you most interested in? _____

Why? _____

We will contact you if you are selected to adopt this dog. If you do not hear from our office within 3 business days; the dog you are interested in is no longer available. Your application will be kept on file and remain active for 30 days.

Name _____ Date of Birth _____

Phone (h) _____ (c) _____ E-mail _____

Address _____

City _____ State _____ Zip _____ How long have you lived at this address? _____

Driver's License Number _____ State _____

Employer _____ PT/FT _____ City _____ State _____

Occupation _____ How long? _____

Other household income? Y/N Employer _____ PT/ FT: _____ How Long _____

Type of Residence ___ House ___ Duplex ___ Apartment ___ Condo ___ Mobile Home

Do you rent? ___ Yes ___ No Landlord's Name _____ Phone _____

Are you planning to move in the next 6 months? ___ Yes ___ No If Yes, Please Explain _____

What are your plans for your pet(s) if you move? _____

How many adults in your household? _____ How Many Children? _____ Ages: _____

Does everyone in your home know your plans to adopt? ___ Yes ___ No

Is anyone in your household allergic to animals? _____

If yes, what are your plans to control these allergies? _____

Please rate your household activity level (circle one)

1 2 3 4 5 6 7 8 9 10
Low Key Moderate Highly Active

What is your Dog Ownership Experience?

___ I am a first-time Dog owner ___ Have had one or two in my life ___ Very Knowledgeable/Experienced

Who will be primarily responsible for this animal? _____

Where will the animal be kept when you're not at home? (Check all that apply)

___ In the house (free roam) ___ In a Crate ___ In a closed-off room ___ In the basement ___ In the Garage

___ Outside Kennel ___ Tied Outside ___ Other _____

How do you plan to contain the animal when he/she is outside? (Check all that apply)

Tied Out Underground/Invisible Fence Fenced Yard Dog House Free Roam Other ?

On Average, how many hours per day will the animal be left alone? _____

Are you familiar with Crate Training? Yes No Explain: _____

How would you resolve behavior problems such as Chewing, Barking, Digging, Fence Jumping, etc.? _____

Are there any behaviors that you would be unable to live with/tolerate? _____

Where will your dog stay if you travel or go on vacation? _____

Have you ever adopted from this shelter? Yes No When? _____

Not Chosen/Declined * Please Explain _____

Have you ever adopted from another shelter? Yes No When? _____

Not Chosen/Declined *Please Explain _____

Have you ever surrendered a pet to a shelter? Yes No *If yes, what shelter? _____

When? _____ Why? _____

How many pets live in your home now? _____

Please List:	Name	Breed	Age	Sex	Sp/Nu?	Still Own?	Vac. Current?
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

Veterinary Clinic(s) Used: _____ Ph. _____
_____ Ph. _____

List all other pets you have owned in the last 5 Years:

Name	Breed	Age	Sex	Sp/Nu?	Still Own?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Veterinary Clinic(s) Used: _____ Ph. _____
_____ Ph. _____

Please explain the type of personality you are looking for in a new pet: _____

BY SIGNING BELOW, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO MY KNOWLEDGE, AND I RECOGNIZE THAT ANY MISREPRESENTATION OF FACT MAY RESULT IN LOSING ADOPTION PRIVILEGES. I UNDERSTAND THAT COMPLETING AN APPLICATION FOR ANY LISTED ANIMAL DOES NOT GUARANTEE THE ACCEPTANCE AND FINALIZATION OF ADOPTION FOR SAID ANIMAL. I UNDERSTAND THAT IF MY APPLICATION IS NOT CHOSEN FOR SAID ANIMAL, I MAY STILL BE ELIGIBLE TO ADOPT ANOTHER ANIMAL AT ANOTHER TIME FROM M.C.A.S. AND THAT MY APPLICATION WILL BE KEPT ON FILE AT M.C.A.S. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION AND UNDERSTAND THAT VETERINARIANS, OTHER ANIMAL SHELTERS, LANDLORDS, ETC. MAY BE CONTACTED. I CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE. I UNDERSTAND THAT THIS APPLICATION IS NOT AN ADOPTION CONTRACT, AND THAT THE ADOPTION WILL BE DELAYED UNTIL MY APPLICATION (AND OTHER APPLICATIONS THAT MAY BE RECEIVED FOR THE SAME ANIMAL) HAS BEEN FULLY PROCESSED.

NAME _____ DATE _____

SIGNATURE _____