WELCOME TO KEOKUK ANIMAL SERVICES

DOG ADOPTION APPLICATION FORM

As the city department for the prevention of cruelty to animals, the Keokuk Animal Services has assumed responsibility for the welfare of every animal that enters its facility.

Our purpose is to place an animal in a responsible home where it will receive veterinary care when needed, and where it will be controlled so as not to become a free roaming animal, or add to the surplus of animals already in the community.

To insure these ends, we have formulated this application form to assist our staff in the careful selection of home placement for our animals available for adoption. Only those persons who are adults of legal age and who complete a satisfactory application will be eligible to adopt pets from the facility. WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION.

SECTION I

DATE ______________________

In order to be considered for an adoption today you must: (1) Be 18 years of age. (2) Have the knowledge and consent of all adults living in your household. (3) Have a valid ID with current address. (4) Have landowner’s name and phone number. (5) Understand that Keokuk Animal Services must approve your application.

Name ____________________________________________________________

Address ______________________________________________________________________________________

City _________________________ State _____________________ Zip __________

Home Phone ______________ Work or Cell Phone ______________________

Are you 18 years or older? __________________________

Do you live in a: House_______ Apartment_______ Condo_______ Dorm_______ With Parents________

I rent____________ I own_________ Mobile Home_____________ Farm___________

Landowner’s Name____________________________________Landowner’s Phone______________________________

Landowner’s address _____________________________________________________________________________

Have you ever adopted a pet from Keokuk Animal Services before?___________________________________________

Have you ever been refused adoption of a pet from Keokuk Animal Services or any other shelter?___________________

If yes, please explain. _________________________________________________________________________________________

SECTION II

Please provide the following information about your household:

Number of adults __________ Number of Children __________ Ages of children ________________________________

1. Which member of your family will hold primary responsibility for the FEEDING OF YOUR NEW PET TRAINING?

2. Please tell us why you would like to adopt an animal from us. Check all that apply: companion__________________ to breed________ for a child__________ companion for another pet__________ as a watchdog__________________

3. What type(s) of pets do you own or have you owned during the past 5 years?

<table>
<thead>
<tr>
<th>NAME/TYPE/BREED OF ANIMAL</th>
<th>KEPT WHERE</th>
<th>SEX</th>
<th>AGE</th>
<th>SPAYED/NEUTERED</th>
<th>STILL OWN</th>
<th>IF NO, WHY NOT &amp; DATE LAST OWNED</th>
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4. If you have pets now or had them in the past, who is (was) your veterinarian? ____________________________________________________________________________

Veterinarian’s Phone __________________________

5. What vaccinations has your pet had in the past year? ____________________________________________________________________________

6. When was your pet’s last visit to the veterinarian? ____________________________________________________________________________

Reason? __________________________

7. If you move in the future, what will you do with your pet(s)? ____________________________________________________________________________

8. (a) Are you aware that regular yearly preventative medical attention may cost several hundred dollars for a dog or cat and even more for a puppy or kitten? __________________________

(b) Are you aware that in the first year food, pet supplies, and obedience training may cost several hundred dollars for either a dog or cat? __________________________

9. Do any members of your household have allergies? Yes________ No________

What kinds? ____________________________________________________________________________

10. What times would be convenient for a representative of Keokuk Animal Services to come to your home to check on the animal’s well-being? ____________________________________________________________________________
SECTION III

1. Do you have a fenced yard? Yes_________ No__________ If fenced please describe the height and type__________

2. How many times a day do you plan to take your dog outside?______________________________________________

3. Do animals need shelter?__________ Shelter is defined as an insulated and bedded structure to allow pets to stay warm in winter and cool in summer and to be able to stand up, stretch out and lie down comfortably.

4. Do you intend to use a chain, rope or cable as the SOLE means of confining this pet?___________________________

5. Do you understand that state laws and local ordinances require vaccinating, leashing and licensing dogs?_________

   Have you ever been involved with an Animal Control Department? Yes_________ No__________

   If yes, what were the circumstances?__________________________________________________________________

   ________________________________________________________________________________________________

6. How do you plan to housetrain?_______________________________________________

7. How do you plan to prevent/correct behavioral problems such as:

   Barking
   Fence Jumping
   Chewing
   Digging
   Aggressive behavior

8. Do you plan to take your dog to training classes? Yes_________ No__________

   If yes, what type?_______________________________________________

9. This pet will be alone (without human companionship) for about________ hours per day and________ per week.

10. Where will the dog be kept during: the day_______________________ at night_____________________________

11. Where will the dog be kept when left alone?__________________________________________________________

12. What type of identification do you plan to place on your dog?___________________________________________

13. Do you feel that female pets should be spayed?________________________________________________________

14. Do you feel that male pets should be neutered?________________________________________________________

15. Do you plan to let your pet have puppies? Yes_________ No__________ If yes, why?_________________________

16. Do you understand that pet overpopulation is a serious problem?__________________________________________

17. It may take your pet two weeks or longer if other pets are involved, to adjust to its new home. Are you prepared to allow this much time to adjust? Yes_________ No__________

18. How did you learn about Keokuk Animal Services? Daily Gate City_________ Friend_________ Veterinarian_________

SECTION IV

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting or keeping an adopted pet. I understand that Keokuk Animal Service has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of Keokuk Animal Services.

Signature_____________________________________________________ Date________________________________

Please understand that there are specific policies on holding animals.

FOR OFFICE USE ONLY

Applicant interviewed: Date__________________________ By____________________________

Adoption approval: Yes/No If no, why?_________________________

I.D. Type_________________________________________ Expiration Date________________

Landowner’s approval: Yes/No If no, why?_________________________

Landowner’s contact name____________________________________________________________________________

Date Notified________

Other comments____________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

References: (Non-relatives)

Name________________________________ Phone No. ___________ Best time to call_________

Name________________________________ Phone No. ___________ Best time to call_________

Name________________________________ Phone No. ___________ Best time to call_________