

Personnel Use Only

#	NOTE:	*****

# DCAS

## APPLICATION

DATE \_\_\_\_\_  
NAME OF THE ANIMAL \_\_\_\_\_

Please make sure to answer all questions below.

Your Name: \_\_\_\_\_ Age: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Do you agree to a home visit before adoption? \_\_\_\_\_

Your employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Is everyone in your household in agreement with a dog? *Yes No*

If no, who is not? \_\_\_\_\_

Why? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Please indicate which best describes your current living situation:  
*House Condo Apartment Mobile Home*

Do you: *Rent Own Live w/Parents*

If you rent, name & phone number of Landlord: (REQUIRED if renting):

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

What type of environment? *City Suburban Country*

If less than two years, please list your previous address: \_\_\_\_\_

Aside from your immediate family, are others residing in your home? *Yes No*

Names: \_\_\_\_\_

Ages: \_\_\_\_\_

Does your home have a yard? *Yes No*

Is there a fence? *Yes No*

What type of fence and how tall? \_\_\_\_\_

If you do not have a fence, do you plan on building one? *Yes No*

If so, when, and what type of fence? \_\_\_\_\_

Is someone home during the day? *Yes No*

If not, where will this animal stay while you are gone? \_\_\_\_\_

Where will this animal be kept most of the time? *Inside Outside Other*

Please specify other: \_\_\_\_\_

When/If the pet is outside, will you have a:

*Free roaming Pen/Run/Kennel Pen Tie-out Cable Chain*

Do you own a animal crate? *Yes No*

If so, what type and size is the crate? \_\_\_\_\_

If you do not own a crate are you willing to buy one and crate train this pet? *Yes No*

Will you take this pet to obedience class? *Yes No*

What activities do you plan to do with this pet? \_\_\_\_\_

Do you have other pets?

Other pet information: \_\_\_\_\_

If not, when was your last pet: \_\_\_\_\_ What vet did you use? \_\_\_\_\_ Phone # \_\_\_\_\_

Please list the other types of pets you have along with their age, sex and if they are spayed or neutered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your other pets current on all vaccinations? *Yes No*

Are all of the dogs that you have now spayed or neutered? *Yes No*

Veterinarian's name: \_\_\_\_\_

Veterinarian's phone #: \_\_\_\_\_

If applicable, approximate date of your current pet's last office visit: \_\_\_\_\_

List the pets have you owned in the past five years and what happened to them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any Humane Societies, Organizations, Breed or Training Clubs with which you are associated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the name, address and phone number of three references:

Reference # 1: \_\_\_\_\_

Reference # 2: \_\_\_\_\_

Reference # 3: \_\_\_\_\_

Please leave any additional comments below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I am also financially and physically able to care for this animal. I understand that if for any reason I am no longer able to keep my pet or do not want the pet any longer; I will notify Bobbie at 910.296.2159 or 910.289.7604 to take possession of the pet if necessary.

I understand that there is a leash law in Duplin County.

I also understand that any negligence to this contract/application can result in repossession of the said animal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_