



## ADOPTION APPLICATION

Revised 2/4/20

Please fill out the information below. The person named here will become the legal guardian.  
Let a staff member know if you have any questions or need assistance.

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

Name of Animal: \_\_\_\_\_

Office use only: A# \_\_\_\_\_

Full name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Previous Address (If less than 2 years at current): \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please provide an Emergency Contact to be added to your adopted pet's microchip registration.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Tell us about your household so we can better assist you (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Children under the age of 10 live in our home       | <input type="checkbox"/> I currently have other animal(s) besides dogs and cats |
| <input type="checkbox"/> I currently have one or more dog(s)                 | <input type="checkbox"/> I used to have a dog(s)                                |
| <input type="checkbox"/> I currently have one or more cat(s)                 | <input type="checkbox"/> I used to have a cat(s)                                |
| <input type="checkbox"/> I currently have a veterinarian to care for my pets | <input type="checkbox"/> I need a recommendation for a veterinarian             |

Where will your new pet spend time when you are away from home?

\_\_\_\_\_

Would you spay/neuter(alter/fix) your animal? YES \_\_\_\_ NO \_\_\_\_

If NO, explain why \_\_\_\_\_

I consent to allow BARCS to share my contact information with Pethealth, Inc. for the purposes of receiving **30 days free pet health Insurance**. I understand that Pethealth Services (USA) Inc and PTZ Insurance Agency Ltd. may call, mail, or email me. I consent to receive these calls, and can decline to receive them at any time in the future. YES \_\_\_\_ NO \_\_\_\_

Would you like to make an additional donation to help shelter animals? If YES, please indicate the amount to be added to your receipt

\$ \_\_\_\_\_

I have read the questions above. I certify my information is complete and true, and I understand that any false information may void the application. I authorize BARCS to verify the information provided. I also understand BARCS reserves the right to deny my application.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

FOR OFFICE USE ONLY			
Person's PetPoint ID:		Date/Time of application submission(Filled out by Greeter ONLY):	
Animal Location:	Matchmaker Name:	Has the applicant interacted with the animal? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is a dog to dog meet and greet needed?
Animal HOLD information:			Hold Entered (date and initials):
Matchmaker Notes:			

Check jurisdiction on property search	Initials/ date	Notes:	
Check for Animal Control Violations	Initials/ date		
Check PetPoint	Initials/ date		
ID Check	Initials/ date		
Application approved	Initials/ date	Application denied	Initials/ date
Applicant called/emailed	Initials/ date	Memo entered in PetPoint	Initials/ date