



# INYO COUNTY SHERIFF'S ANIMAL SERVICES

## ANIMAL ADOPTION APPLICATION AND QUESTIONNAIRE

To be eligible to adopt an animal you must:

- ✓ Be at least 18 years of age.
- ✓ Have current identification showing age and address.
- ✓ For renters, permission of the landlord is required.
- ✓ All animals adopted from our facility will be spayed or neutered.
- ✓ Be willing and capable of providing a life-long home for a companion pet, to provide proper nutrition, adequate shelter from the elements when outside, and routine and all necessary medical care.
- ✓ Obey all state, county and local laws and ordinances pertaining to pets.
- ✓ **UNDERSTAND THAT INYO COUNTY ANIMAL SERVICES OFFICERS AND SHELTER PERSONNEL HAVE THE RIGHT TO DENY YOUR REQUEST TO ADOPT AN ANIMAL.**

### PLEASE SUPPLY US WITH THE FOLLOWING INFORMATION

*(PLEASE PRINT)*

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

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Physical address: *(If different)* \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Employed by: \_\_\_\_\_ Work Tel: \_\_\_\_\_ How Long? \_\_\_\_\_

Do you own or rent your residence: \_\_\_\_\_. If renter, do you have permission from your landlord to have a pet? Yes: \_\_\_ No: \_\_\_\_\_. May we contact your landlord? Yes: \_\_\_ No: \_\_\_\_\_.  
Is your residence a house? \_\_\_ apartment? \_\_\_ condo? \_\_\_ mobile home? \_\_\_ other \_\_\_\_\_  
*(If renter)* Landlord's name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

If you are interested in adopting a dog, will it be an: indoor dog \_\_\_ or outdoor dog \_\_\_?  
Do you have a fence? Yes \_\_\_ No \_\_\_. If yes, how high? \_\_\_\_\_. If no, how do you intend to insure that the dog will not run unsupervised? \_\_\_\_\_

Why do you want to adopt this particular animal? \_\_\_\_\_

Do you have other pets? If so what kind? \_\_\_\_\_  
If you have dogs are they currently vaccinated against rabies and licensed with the County? \_\_\_\_\_

Animal I.D. number \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

Have you been made aware of any possible health or behavioral problems that the animal might have?

Yes \_\_\_ No \_\_\_ Your concerns: \_\_\_\_\_  
Problem advised by: (Attendants name) \_\_\_\_\_ Type of problem \_\_\_\_\_

Are you aware of the State and County regulations pertaining to vaccination, licensing and running unsupervised?  
Yes \_\_\_ No \_\_\_. If no, please ask.

Have you been made aware of the origin of the animal? Yes \_\_\_ No \_\_\_ (i.e., picked up as a stray or released by a previous owner).

I realize that Animal Services Officers may stop by my residence in order to verify the information on this form.  
Initial \_\_\_\_\_.

I will obey all State and County Animal regulations including vaccination and licensing requirements.  
Initial \_\_\_\_\_.

I agree to provide proper shelter, adequate food and water and all necessary veterinary medical attention.  
Initial \_\_\_\_\_.

I will not allow my dog to run unsupervised. Initial \_\_\_\_\_.

I understand that adoption of an animal is a privilege and not a right and therefore my application may be declined.  
Initial \_\_\_\_\_.

I understand that Inyo County Animal Services reserves the right to reclaim the animal within 30 days of adoption if I provide false information or it is determined that the animal is receiving inadequate care. Initial \_\_\_\_\_.

I understand that Inyo County Animal Services makes no promises, claims or representations as to the physical health or mental disposition or temperament of the animal I am adopting: I adopt the animal "AS IS". Initial \_\_\_\_\_.

I understand that if I am adopting a cat/kitten that the animal MAY NOT have been tested for FELV. I also understand that it is highly recommended by Animal Services staff that I have the animal tested by my local Veterinarian. Initial \_\_\_\_\_.

**I hereby and forever release and agree to hold harmless the County of Inyo, its officers, agents, employees, and volunteers from and against all claims, demands, losses, lawsuits, or liabilities resulting from any physical injury or death or property damage caused by the animal I am adopting and any Veterinary or medical expenses incurred by me after I have taken possession of the animal. Your Initials \_\_\_\_\_**  
Attendant Initials \_\_\_\_\_

I certify by my signature that all the information supplied here is true and correct and that I have read and understand and agree to all the requirements and conditions of adoption as set forth above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

|   |             |                    |                     |
|---|-------------|--------------------|---------------------|
| <b>STAFF USE ONLY</b>                                 |             |                    |                     |
| Reviewed by: _____                                    | Date: _____ | Reviewed by: _____ | Date: _____         |
| Approved: _____ Denied _____ Reason for denial: _____ |             |                    |                     |
| Landlord approval: Yes ___ No ___                     |             | Date: _____        | Contacted by: _____ |
| Animal I.D. # _____                                   |             |                    |                     |