

Livingston County Animal Shelter Pre-Adopt

Name of animal you are applying for: _____ Shelter Tag#: _____

Names of **all** adults living in the home (First/Last): _____

Phone #: _____

Address: _____ City: _____

Do you live in a House/Apartment/Condo/Mobile Home/Other? _____

Do you rent? _____ Does your landlord allow pets? _____

Any restrictions? _____ Landlord's Name and Phone: _____

Is your yard fenced? _____ How many people reside in your home _____ Childrens' ages? _____

Does your family know you are considering adopting? _____ Do they plan to help _____

Is anyone in your home allergic to cats or dogs? _____

**** This form *does not* guarantee the adoption, LCAS staff will review all applications and determine the best placement for requested pet. Please allow 24 hours before you hear an answer from the shelter.**

Pet Name	Type	Age	Sex	Spayed/Neutered	Vaccines	Still with you?

***** List all the pets you have owned in the past 5 years. *****

****You must call your veterinarian to give the OK for Livingston County Animal Shelter (LCAS) to check medical history.** We cannot proceed until permission has been given.****

Veterinarian Name: _____ Phone #: _____

How many hours are your animals alone on an average day? _____

Where in the home will your animals be when you are gone? _____

Do you understand that you must return the animal to LCAS if you can no longer own the animal for any reason? (initial) _____ **and** you must transport the animal back to LCAS (initial) _____

Signature

Date