

KIOWA ANIMAL CONTROL

Request to Adopt Application

(Applicant must be 18 years of age or older)

Application Date _____ Last Name _____ First Name _____ Middle Initial _____ DOB _____

Address _____ Apt. # _____ City _____ State _____ Zip _____ Phone _____

1. Do you rent or own?

a. If rent, what is your landlord's name and phone number? _____
First & Last Phone

b. Does your lease permit pets?

2. Are you adopting for? Yourself Family Member Someone Else

3. Which animal are you currently interested in? _____

4. Do you own any pets at this time?

a. If yes, how many? Dogs _____ Cats _____ Other _____

b. _____ Shots Current? _____ Spayed/Neutered? _____
Name Breed

c. _____ Shots Current? _____ Spayed/Neutered? _____
Name Breed

d. _____ Shots Current? _____ Spayed/Neutered? _____
Name Breed

5. My veterinarian is: _____
First and Last Name Address Phone

6. Name veterinarian account listed under (if different from name on application):

First and Last Name Address Phone

7. Where do your pets live? 8. Is your yard fenced?

9. When my pet is outside, shelter will be provided by?

I understand that sterilization of the adopted animal within two (2) weeks, unless otherwise stated, is required by Kansas State Law.

This form must be completed and on file at the Kiowa City Office for a minimum of 24 hours before an animal may be adopted or removed from the shelter. This application will be valid for 6 months from the date of application. If a suitable animal is not adopted or located in this time period, the application will be removed from further consideration and a new one must be completed.

Applicant Signature _____ Date _____ Staff Signature _____ Date _____

-----OFFICIAL USE ONLY-----

_____ Approved _____ Denied _____
Date Signature