



Adoption Application

DATE: _____

Animal's Name: _____ / UNDECIDED Species: CAT / DOG / OTHER: _____

Adopter Information:

Name _____ Drivers License ST/# _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email _____

Alternate Contact Person and phone number _____

Are you at least 18 years old? Y/N Birth Date: _____

How many hours per day will the pet you are interested in be outside? _____

How many hours will this pet be home alone each day? _____

Where will your pet sleep at night? _____

Do you have a fenced in yard? Y/N Do you plan to keep your pet in an outside pen or on a stake tie out? Y/N

If yes, describe the type of fence: _____

How many children in your home? _____ What are their ages? _____

How many other pets are in your family? _____ Are they spayed or neutered? _____

If not, do you plan to have these pets spayed or neutered? Y/N

List other pets including name, breed and age: _____

Name of your Veterinarian: _____ Telephone: _____

When did you last visit your Veterinarian? _____ Purpose of this visit? _____

If you do not have a Veterinarian, would you like a recommendation? Y/N

Have you ever had a pet that is no longer with you? Y/N What happened? _____

426 Home Ave
Maryville, TN 37801
865-273-3751

www.maarcadopt.org

Applications that are not complete, will not be considered. If you feel information requested does not apply, use N/A to indicate



In what type of home do you live? Apartment/Condo Single Family Home Other: _____

Do you own or rent? _____ **How long have you lived at this address?** _____

If you rent, name of Landlord? _____ **Telephone:** _____

May we contact your Landlord to verify the pet policy? Y/N

If you had to relocate/move would you take your pets with you and find living accommodations that allows pets? Y/N

If not, what would you do with your pets? _____

Please list 3 references that will verify that you are or would be a good pet owner:

Name: _____	Telephone: _____
Name: _____	Telephone: _____
Name: _____	Telephone: _____

Would you allow a representative of MAARC to visit your home? Y/N

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