

COLLIERVILLE ANIMAL SERVICES

603 E. South Street

Collierville, TN 38017

P: (901) 457-2670 F: (901) 457-0683

casinfo@colliervilletn.gov

PET _____
STAFF/VOL _____

In order to be considered for an adoption today you must:

Be at least 21 years of age.

Have the knowledge and consent of all adults living in your household to adopt a pet.

Have a valid ID with current address.

NAME _____ DL# _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ CELL _____ WORK _____

EMPLOYER _____ ADDRESS _____

Is your residence:

A HOUSE _____ If so, do you (Rent _____ / Own _____) APARTMENT _____ DORM _____ OTHER _____

Are you aware of restrictions in your apartment complex for pets? i.e. (size, pet deposits, number or kind allowed) Y __ N __

Landlord or Rental Agency Name: _____ Telephone Number: _____

(Staff member reviewing application must initial here to signify that the landlord was contacted and did approve _____)

Please provide the following information about your household:

1. Number of adults _____ Number of children _____ Age of children _____

2. Who will hold primary responsibility for the pet _____, feeding pet _____, training pet _____

3. What type(s) of pets do you now own or have you owned during the past 5 years, List below:

NAME	BREED	WHERE KEPT	AGE	SEX	NEUTERED/SPAYED

4. Which of these animals do you still own? _____

5. Who is your veterinarian? _____ Phone # _____

Do we have permission to contact your veterinarian for health history? Yes ___ No ___ Pet Owner Initials: _____

(CAS Staff Initials: _____ Medical information: _____)

Reviewed by _____

6. Are you financially able and willing to pay for the ongoing costs of feeding, licensing, and providing medical care for your new pet? (Pet care averages \$350.00 per year) _____
7. Will this pet be a gift? Yes _____ No _____
8. Is the person who will receive this animal aware that you are getting it for them? Yes _____ No _____

SECTION III

Are you aware of the laws in your town/city in regards to leash laws? _____ Rabies licensing? _____

Do you have a fenced yard? _____ How tall is your fence? _____

1. This pet will be left alone (without human companionship) for approximately _____ hours per day, _____ days per week.
2. Where will the pet be kept during the day? _____ night _____ when left alone _____
3. Your pet will need time to adjust to his/her new home; this can take one, two, or several weeks, particularly if other animals are involved. Do you have the patience and understanding to allow enough time for this adjustment? _____
4. How did you learn about our shelter? _____
5. Did you see an animal online that brought you in today and if so where did you see it? _____
6. Have you ever adopted a pet from us before? Yes _____ No _____
7. Have you ever surrendered an animal to us before? Yes _____ No _____ If yes, for what reason: _____

SECTION IV

By signing below you voluntarily and knowingly execute this document on behalf of yourself, your heirs and representatives, and expressly waive any and all rights, claims, or causes of action against CAS or the Town of Collierville, its officers, directors, or employees, including, but not limited to claims or causes of action for bodily injury, death or property damage resulting for negligence or other acts, how so ever caused, as a result of or while I am directly or indirectly engaged in meeting an animal you are considering for adoption.

SECTION V

By signing below, I certify that the information I have given is true. I understand that this application is the property of the Collierville Animal Services and that they have the right to accept or deny applications as they deem appropriate, and that any misrepresentation of facts could result in my loss of pet adoption privileges.

Signature _____

Date _____

Reviewed by _____

Approved _____ No why? _____