

This box office use only

- Approved  Not Approved  Pending \_\_\_\_\_  
 Have been notified of approval

Animal(s) I am interested in: \_\_\_\_\_  
\_\_\_\_\_



**Lincoln County Animal Shelter** PO Box 7, 27 Atlantic Hwy, Edgecomb, ME 04556

Phone: 207.882.9677 Fax: 207.882.9050 Email: lcas3@myfairpoint.net www.lcas.me

**ADOPTION APPLICATION Please Print Clearly!**

Date \_\_\_\_\_ Applicants Name \_\_\_\_\_

Spouse or other adult(s) living in home \_\_\_\_\_ Physical Address \_\_\_\_\_

City/Town of Residence \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

Are you over 18?  Yes  No Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

In order to help us to decide if you and the animal(s) you have chosen are well suited for each other, please answer the following questions truthfully and to the best of your ability. If after adopting an animal from the Lincoln County Animal Shelter we find that any of your answers were false, you may have to surrender the animal to us as well as pay our costs of enforcing the terms of the adoption contract.

**We do not allow animals to be adopted as gifts for other people. However, we do offer gift certificates good for adoptions (with an approved application).**

**We require that all adopted kittens and puppies be spayed or neutered by the age of 6 months. And we will check!**

Name of Employer \_\_\_\_\_ How long employed? \_\_\_\_\_

Name of Spouse's employer \_\_\_\_\_ How long Spouse employed? \_\_\_\_\_

If self-employed name and type of business \_\_\_\_\_ Are you in the military?  Yes  No

Please check any & all of your reasons for wanting to adopt this pet:  Watch Dog  Companion  Barn Cat or Mouser

- Hunting Dog  Family Pet  Guard dog for business  Child's pet  Companion for other pet

Other \_\_\_\_\_

What type of home do you live in?  House  Apartment  Trailer  Condo  Duplex Other \_\_\_\_\_

How many years have you lived there? \_\_\_\_\_ Do you own your home?  Yes  No, I rent  No, other \_\_\_\_\_

**\*\* If you rent, we must have a written, signed letter or copy of the lease agreement stating that you are allowed to have pets. Name, date and phone number of landlord must be included.\*\***

Describe the area:  Rural  Suburban  Urban

Describe the street/road:  Busy  Quiet  In between

How and where will your pet spend time outside?  Loose outside with supervision  Walked on leash  Inside only pet

In a fenced yard  Other \_\_\_\_\_

Where will your pet sleep? \_\_\_\_\_ Will an adult be home during most days?  Yes  No

How many hours a day will your pet be alone? \_\_\_\_\_ Where will your pet stay when left alone? \_\_\_\_\_

Sometimes shelter dogs need a refresher course in housetraining. How will you housetrain if needed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How many children are living in your dwelling? \_\_\_\_\_ Please list their ages \_\_\_\_\_

Do all members of your household know you plan to adopt a pet?  Yes  No

Is any member of your household allergic to pets?  Yes  No

Who will be responsible for the day to day care of the pet? \_\_\_\_\_

Have you ever adopted from a shelter before?  Yes  No If so, when \_\_\_\_\_

Shelter name \_\_\_\_\_ Type of animal Adopted:  Dog  Cat  Other \_\_\_\_\_

Have you ever had to give up a pet before?  Yes  No If yes, explain why and where the animal went \_\_\_\_\_

\_\_\_\_\_

What will you do with your pet if you have to move from your present home?  Take my animal with me  I will not move

Bring the animal back to Lincoln County Animal Shelter  Other \_\_\_\_\_

What will you do with your pet when you go on vacation? \_\_\_\_\_

Are you aware that veterinary care, food and accessories can run as high as \$800 a year, if not more, for the average dog and \$300 a year for the average cat?  Yes  No

Do you know that it is a Maine law that all cats and dogs be vaccinated yearly (unless given a three year vaccine) for rabies, even if they are strictly indoor pets?  Yes  No

Do you know that it is a Maine law that all dogs be licensed and relicensed every year at your town office?  Yes  No

After you have adopted an animal, will you allow a representative from the Lincoln County Animal Shelter to visit your home and inspect the animal(s) and living quarters?  Yes  No

What veterinary clinic or animal hospital do you use or have you used in the past? \_\_\_\_\_

Do you give the Lincoln County Animal Shelter permission to contact your vet(s) regarding your animals past and present health history?

Yes  No \*\* Please be sure to contact your vet & give them permission to release your pet's information to us. \*\*

Personal reference (cannot be a relative) \_\_\_\_\_ Telephone # \_\_\_\_\_  
Relationship \_\_\_\_\_ Years known? \_\_\_\_\_

*If you do not have any veterinary reference, you must supply a second personal reference*

Personal reference (cannot be a relative) \_\_\_\_\_ Telephone # \_\_\_\_\_  
Relationship \_\_\_\_\_ Years known? \_\_\_\_\_

List the animals you have owned in the past ten years:

Animal Type	Name	Breed	Sex	Spayed or Neutered?	Age	Years Owned	Where is animal now?	Vet Check office use
1								
2								
3								
4								
5								
6								
7								
8								
9								

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have your animals at home been vaccinated against disease?  Yes  No  I don't own any animals right now

Have you had a dog or cat with an infectious disease, or one who has come in contact with another infected animal within the last three to six months?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

I understand that any false statements on this application or the adoption contract constitute grounds for confiscation and surrender of the animal to LCAS. I further understand and agree that LCAS may demand return of the animal for any violation of the terms the Adoption Contract which I will sign prior to actual adoption. Lincoln County Animal Shelter reserves the right to refuse adoption to any person if LCAS feels it is in the best interest of the animal and/or the adopter.

Applicant Signature \_\_\_\_\_ LCAS Staff \_\_\_\_\_

Approved  Pending  Refused Staff initials \_\_\_\_\_

Notes & comments: \_\_\_\_\_  
\_\_\_\_\_