

Office Use Only  
Landlord check \_\_\_\_\_  
Petpoint check \_\_\_\_\_  
Called Vet? \_\_\_\_\_  
I.D. check \_\_\_\_\_  
SAS Approved 1: \_\_\_\_\_  
SAS Approved 2: \_\_\_\_\_



Stafford Animal Shelter  
3 Business Park Rd.  
Livingston, MT 59047  
406-222-2111  
staffordanimalshelter.org

## Adoption Application

To help us determine potential matches for you, please complete the following:

Name of Animal: \_\_\_\_\_ Date: \_\_\_\_\_

Species: **Dog** **Cat** **Other:** \_\_\_\_\_

I am currently: **Employed Full Time** **Employed Part Time** **In school** **Stay at Home**

I am looking for a pet whose energy is: **Low** **Medium** **High**

There are \_\_\_\_\_ humans in our household, and their ages range from \_\_\_\_\_ to \_\_\_\_\_

Do any of these individuals have known allergies to animals? **Yes** **No**

I intend for my pet to spend most of its time: **Indoors only** **Indoors/Outdoors** **Outdoors only**

*Some pets require more secure containment than others. Please consult with your adoption counselor about humane containment recommendations for your pet's unique needs.*

Behaviors I prefer not to manage are: \_\_\_\_\_

If you are applying for a "zoo" animal, please specify if it is intended to be a: **House Pet** **Classroom Pet** **4H**

Please list all other pets and/or livestock at your home: \_\_\_\_\_

Is this your first time adopting a shelter animal? **Yes** **No**

Have you had pets? **Yes** **No**

Do you plan on declawing or surgically altering your pet beyond its basic medical needs? **Yes** **No**

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Have you ever surrendered/returned a pet to Stafford Animal Shelter? **Yes** **No**

*Yes, I would like to be contacted and notified about potential adoption matches in the future.*

Do you own your residence? **Yes** **No**

If you rent, please provide your landlord's or property manager's contact information below.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Who is your Vet?** \_\_\_\_\_ **Phone:** \_\_\_\_\_

This application does not reserve an animal for applicants during the approval process. Adoption applications are approved or denied at the discretion of Stafford Animal Shelter. By signing below, I certify that I am 18 years of age, and that all the information I have provided herein is true and correct to the best of my knowledge. I understand that providing false or incomplete information may be grounds for my adoption to be denied. I understand that this adoption application is not a binding contract with Stafford Animal Shelter and that at any time I may be denied adoption at the discretion of Stafford Animal shelter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_