



METRO NASHVILLE
ANIMAL CARE & CONTROL

Applicant's Full Name: _____

Spouse/Partner/Roommate/Parent: _____

Home Address: _____

City: _____ State: _____ Zip: _____

DL# & Issuing State: _____

Phone: _____ Email: _____

TO HELP US FIND THE RIGHT PET FOR YOU, PLEASE ANSWER THE FOLLOWING QUESTIONS:

Type of Residence: House Apartment Condo Other _____

Do you: Own Lease Live with Parent Other _____

If Leasing, Please Provide Landlord's Name and Phone Number: _____

Will the Pet Be An Inside or Outside Pet: Inside Outside Other _____

How Many People Live In the Household: _____ Are There Children In the Household: Yes No

If Yes, List the Number of Children and Their Ages: _____

Does Anyone in the Household Have Allergies? Yes No

Why Are you Considering Adopting Today (Please Check ALL That Apply):

Companion For Yourself or Another For Children Gift Protection

Companion For Another Pet Other _____

How Long Will the Pet Be Left Alone Each Day & How Will the Pet Be Confined? _____

Do You Currently Have Any Other Pets? Yes No How Many: _____

If Yes, Please List: _____

Which Animal Hospital Do You Currently Use? _____

Have You Cared For a Pet In the Past, If So Please Describe: _____

If Adopting a Cat Do you Plan on Having it Declawed? Yes No

I certify that the information provided on this form is true and correct. I am also financially able to care for this animal. I understand that proper food and veterinarian care can be costly and I am able to meet those requirements. I authorize Metro Animal Care and Control to investigate all statements made in the application. I understand that any misrepresentation of facts may result in my losing my privilege of adopting a pet.

Signature: _____ Date: _____