

SALINA ANIMAL SHELTER ADOPTION APPLICATION

Mr. Mrs. Ms. Name: _____

Date of Birth: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Home Ph: _____

Cell Ph: _____

Work Ph: _____

Email Address: _____

Do you RENT or OWN? (circle one) Landlord Info: _____

PLEASE LIST PETS YOU CURRENTLY OWN:

TYPE/BREED	NAME	M/F	SPAYED/NEUT	AGE	How long owned?

Who is your Veterinarian (Clinic): _____

Do your present pets have current rabies vaccination? _____

Do your present pets have current Salina City License? _____

The Salina Animal Shelter strives to place loving pets into **FOREVER** homes. With that in mind, please answer the following questions...

1. Are you prepared for future veterinary expenses both expected and unexpected?
 YES _____ NO _____
2. A lot of rentals do not allow pets, if you move will you be able to take the pet with you?
 YES _____ NO _____
3. Does your home enviroment provide you with enough quality time to spend with your pet?
 YES _____ NO _____
4. If you have children or are planning on having children will this pet fit in with your family?
 YES _____ NO _____

The information contained within this application is true and correct to the best of my knowledge.

Signature

KS Driver's License #

Date