Instructions for Adoption Application form / Licensed Rescue Group Transfer form

Unless surrendered by the owner, all animals impounded by the Athens-Clarke County Animal Control Division must be held for six (6) days, not including days the shelter is closed, while an attempt is made to contact the owner. During this period, if the animal is of good health and temperament, Animal Control will accept applications for adoption on a first-come, first serve basis if the application is approved. Applicants are given an appointment date and time to adopt the dog. If an applicant is not present during his or her adoption appointment time, Animal Control will offer the animal to the next applicant and so forth in the order that applications are received. An application is considered "received" only when the applicant has been given an adoption appointment date and time.

While we prefer that applicants come to the shelter in person to interact with the animal prior to submitting an application for adoption, we now offer this application as a PDF that applicants can print and fax or bring to the shelter. A faxed application is not placed in line for a particular animal until the applicant calls Animal Control and receives an adoption appointment date and time. If an applicant submits an application in person at the same time a faxed application arrives for the same animal, the application submitted in person is given priority.

In addition to the above, Licensed Rescue Groups may indicate that their application be placed behind all other applicants so that the group will accept the dog as a last resort when all other applications have expired. In this case, we ask that a representative of the group remain in touch with our staff regarding pending applications so that the dog can be transferred as soon as the last application expires.

Athens-Clarke County
Animal Control Division 706-613-3540 / 706-613-3545 (FAX)
Pet Adoption Application

Ledger #_______

Name (First and Last) ____________________ Home Phone / Work Phone ____________________

Street Address (no P.O. Box) ____________________ City, State, Zip ____________________

Driver's License Number or SSN ____________________ Date of Birth ____________________

Do you: ☐Own ☐Rent ☐Other: ___________________

Property owner's name: ___________________ Property owner's Phone: _________________

Relative that resides nearest to you (but not residing with you):

Name: _____________________ Relation: ____________________ Phone:__________________

Address:____
Street address, city, state, zip

List the animals currently in your household (even if owned by another in the residence) ***and*** **your previously owned animals** (please indicate "none" if you have not owned any animals and/or there are no animals currently owned by others in your household):

Breed:_____________________ Name:___________________________Spayed/Neutered: ☐yes ☐no
Vaccinations (check all that apply): ☐Distemper/Parvo ☐Rabies ☐Kennel Cough ☐Other:_____________
Where is it?: ☐still own ☐gave away ☐surrendered to a shelter ☐stolen ☐lost
☐hit by a car ☐died of old age ☐Other:______________________
How is the animal confined?:______________________Where does the animal sleep?:________
Pet's veterinarian:__________________Who is listed as the owner?:_______________________

~~~~~~

Breed:_____________________ Name:___________________________Spayed/Neutered: ☐yes ☐no
Vaccinations (check all that apply): ☐Distemper/Parvo ☐Rabies ☐Kennel Cough ☐Other:_____________
Where is it?: ☐still own ☐gave away ☐surrendered to a shelter ☐stolen ☐lost
☐hit by a car ☐died of old age ☐Other:______________________
How is the animal confined?:______________________Where does the animal sleep?:________
Pet's veterinarian:__________________Who is listed as the owner?:_______________________

~~~~~~

Breed:_____________________ Name:___________________________Spayed/Neutered: ☐yes ☐no
Vaccinations (check all that apply): ☐Distemper/Parvo ☐Rabies ☐Kennel Cough ☐Other:_____________
Where is it?: ☐still own ☐gave away ☐surrendered to a shelter ☐stolen ☐lost
☐hit by a car ☐died of old age ☐Other:______________________
How is the animal confined?:______________________Where does the animal sleep?:________
Pet's veterinarian:__________________Who is listed as the owner?:_______________________

~~~~~~

May we contact the veterinarians listed to verify this information? ☐yes ☐no

CONTINUED ON BACK
~~~~~~

Have you adopted from us before? ☐Yes ☐No If yes, when?_____

Have you ever applied for adoption here and been denied? ☐Yes ☐No If yes, when?_____

Are you familiar with the animal control laws in your area? ☐Yes ☐No

Have you ever been warned or cited for a violation of animal control laws? ☐Yes ☐No

If yes, please indicate Date: _____ County: _____

Please answer the following questions concerning the pet you wish to adopt:

Do you wish to have this pet spayed/neutered when old enough? ☐Yes ☐No

Preferred Vet, if any: _____

If not willing, would you do so if required by law? ☐Yes ☐No

Please tell us why you would like to adopt a pet (check all that apply):
☐Personal companion ☐Companion for other pet ☐Gift (for whom: _____)
☐To breed ☐Personal protection ☐To guard property

How will you confine this pet? (indoors, chain, runner, fence, etc.)_____

Where will the pet sleep? (inside, outside, crate, doghouse, etc)_____

Where will the pet be kept while you are away for an extended period of time? _____

May a representative of the Athens-Clarke County Animal Control Division come to your home to check on the animal's well being? ☐Yes ☐No

Is there a time that would be more convenient for a representative to visit your home? _____

All tenants are required to show proper authorization from property owners stating that tenants may have pets. A deadline will be given for providing authorization to ACCAC or this application will be dismissed. If there are any extenuating circumstances in obtaining an authorization from property owner, please discuss it with us and an agreeable deadline can be decided upon.

By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in the denial of this application for adoption.

_____ _____
Signature **Today's Date**

FOR OFFICE USE ONLY

☐ App. Reviewed by: _____ ☐ ST8, ST7, 1095 checked by: _____

☐ Approved ☐Not Approved Date: _____ By:_____

Application expires:_____

Notes: