



# Mobile County Animal Shelter

## Adoption Application

(ALL APPLICANTS MUST BE 19 YEARS OLD AND UP)

### Please Print Clearly

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Alternate #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you:  Rent  Own

### **If you are currently renting please attach a copy of your Pet Policy:**

Landlord Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### **About the Household**

Number of Adults (in household): \_\_\_\_\_ Number of Children (in household): \_\_\_\_\_

Ages of Children: \_\_\_\_\_

Do you have any other pets? Please describe :

Are your pets current on their Rabies Vaccination?  Yes  No

Can you provide proof of this vaccination?  Yes  No

Have your current pets been spayed or neutered?  Yes  No

What are your reasons for adopting this animal? (Check all that apply)

- CHILDREN'S PET       COMPANION FOR SELF/FAMILY       HUNTING DOG  
 WATCH/GUARD DOG       GIFT

What drew you to this animal that you are interested in adopting?

Have you ever owned this breed before?  Yes  No

When outside, how do you intend to keep the dog on your property? (Check all that apply)

- FENCED YARD       LEASH       FENCED PEN       TIE-OUT       FREE ROAM

*All Alabama residents are required to keep their dogs confined at all times. By ensuring confinement you are protecting your pet and neighbors as well as abiding by State Laws.*



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Have you previously adopted from MCAS?  Yes  No

Have you or anyone in your household been issued a citation or had an animal impounded by the Mobile County Animal Control Department?  Yes  No If yes, under what name(s)? \_\_\_\_\_

Reason for Citation: \_\_\_\_\_

Are you able to provide the necessary care for your adopted pet in accordance with the state statute and the county ordinance?  Yes  No If no, please explain: \_\_\_\_\_

I authorize a pet adoption photo to be taken and posted on MCAS social media:  Yes  No

I HEREBY CERTIFY AND AFFIRM THAT THE ANSWERS GIVEN ABOVE ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT MOBILE COUNTY ANIMAL CONTROL MAKES NO WARRANTY IN REGARD TO THE HEALTH OR CONDITION OF ADOPTED ANIMALS. I FURTHER ACKNOWLEDGE THAT ADOPTED ANIMALS MAY HARBOR A CONTAGIOUS DISEASE THAT MAY BE TRANSMITTED TO OTHER ANIMALS I MAY OWN. I THEREBY HOLD HARMLESS, MOBILE COUNTY FROM ANY REPERCUSSIONS ASSOCIATED WITH THIS ADOPTION.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send the Adoption Application form to [mcacshelter@mobilecountyal.gov](mailto:mcacshelter@mobilecountyal.gov)

For Office Use Only

Approved  Rejected

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

Reason for Rejection: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Animal ID #: \_\_\_\_\_ Intake #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Time: \_\_\_\_\_