

Police Department CITY OF MIDDLEBURG HEIGHTS

15850 East Bagley Road O Middleburg Heights, Ohio 44130 440-243-1234 ◆ 440-243-0221 fax

Matthew J. Castelli Mayor Edward J. Tomba Chief of Police



Division of Animal Care and Control Dog-Adoption Application

Name of Dog(s) applying for:		Date:	
Applicant Name:			
Address:	City:	State: Zip:	
Home Phone:	Work Phone:		
Employer:	Occupation:		

Adoption fees are nonrefundable under any circumstances.

Universal Questions:	
Have you ever adopted an animal from a rescue or shelter? YES () NO ()	Has your application ever been rejected from a rescue or shelter? YES () NO ()
Have you ever given up an animal before? YES () NO () If Yes, Please Explain:	Is anyone in the house allergic to animals? YES () NO () If Yes, Please Explain:
Why do you want this dog?	What are the most important responsibilities in owning a dog?
Under what circumstances would you return this dog?	What precautions would you take to properly introduce your dog to a new animal?
Who will be the primary caretaker of this dog?	If a disciplinary or behavior problem arises, what steps will you take?
For whom are you adopting the dog? GIFT () SELF ()	If you move, what will you do with the dog?

Veterinary Information		
Clinic name:		
Doctor(s):	Phone #:	
Which owner are records listed under:		
Date of last vet visit:		
Please list what kind of routine veterinary care you plan to provide for your dog (including		
flea control, shots, etc.):		
Do you have a different vet in mind for your new pet? YES () NO() If yes, who:		

Residence Information	
Do you own or rent your residence?	Where will the dog be kept?
RENT()OWN()	INDOORS () OUTDOORS () BOTH()
What is your residence?	If rent, name of landlord and phone number?
House () Townhouse ()	Are pets allowed?
Duplex () Condo () Apartment () Other ()	YES () NO () NOT SURE ()
If Other, Please Explain:	Is there an additional charge for pets?
	YES() NO() NOT SURE()

Household Information	
What will you do with the dog when you travel?	When you are home, where will the dog be kept?
Will· anyone be home during the day? YES() NO()	How many hours will the dog be left unattended?
When no one is home, where will the dog be kept?	Does any member of the family have any allergies to animals? YES () NO()
How many adults currently reside in your household?	Any children in the household? YES() NO() Ages:

I attest that all of the above information is true to the best	of my ability. I give permission for
the adopter to contact anyone on this form. I agree to abide	e by all of my City Ordinances in
relation to this animal.	
	Initial