



MIDDLEBURG HEIGHTS ANIMAL SHELTER

7375 Engle Road • Middleburg Heights, Ohio 44130 • (440) 239-6333

Dog Adoption Application

Name of Dog(s) applying for:			Date:		
Applicant Name:					
Address:		City:		State:	Zip:
Phone:	Email:		Occupation:		
Employer:		Over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Adoption fees are nonrefundable under any circumstances.

Universal Questions:	
Have you ever adopted an animal from a rescue or shelter? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has your application ever been rejected from a rescue or shelter? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever given up an animal before? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Please Explain:	Who will be the primary caretaker of this 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who:	

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

Household Information:
When you are home, where will the dog be kept?
How many hours will the dog be left unattended?
Does any member of the family have any allergies to animals? <input type="checkbox"/> YES <input type="checkbox"/> NO
Any children in the household? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, ages:

Donation Information:
How are you paying? <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CARD

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 by all of my City Ordinances in relation to this animal.

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