

Please email your completed application to: animalcontrol@frederickcountymd.gov

FREDERICK COUNTY ANIMAL CONTROL **SMALL ANIMAL** ADOPTION APPLICATION

What is the name of the small animal you are interested in adopting? _____

Adopter Information (Please Print)

Name: _____

Street Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Telephone: (C) _____ (other) _____

Email Address: _____

How long have you lived at this address? _____ () years () months

Do you: () Rent () Own*** () Live with Parents

Home Type: () House () Townhouse () Apartment () Condo

If you have resided at another residence within the past two (2) years, please indicate address(es) below:

If you rent:

Name of apartment complex/condo:

Landlord's name and phone number:

Please list all members of your household INCLUDING YOURSELF:

Staff Use Only	Name	Driver's License #	Age	Relationship to Applicant
	Applicant 1st			Self

Why do you want to adopt this animal? _____

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Please identify current pets in your household:

For Staff Use Only	Name	Breed/Species	Age	Gender M or F	Color	Spayed or Neutered	Is pet maintained inside, outside, or both?

We need to verify your current household pet's rabies vaccinations. Who should we call? **Veterinarian's Name and Phone Number:**

Please list all previous pets you have owned:

Name	Breed/Species	Age at Adoption	How long did he/she live with you?	What happened (died of old age, lost, given away, surrendered, etc)

Have you ever adopted from the Frederick County Animal Shelter before: () Yes () No If yes, list date? _____

Do you anticipate a transfer or move out of state? () Yes () No If yes, what will happen to the animal?

Do you understand that Frederick County Code requires all dogs and cats in the household be licensed? () Yes () No

Under what circumstances would you need to return this pet to the shelter?

Does any person living in the household have allergies to animals () Yes () No () Don't know

If yes, what type of animal are they allergic to? _____

Have you ever owned this type of pet? _____

How long have you been thinking about getting this type of pet? _____

What research have you done to prepare for being the guardian of this small animal?

Where in your house will this pet live? _____

How much exercise (out of the cage per day) will you allow this pet? _____

Who will be the main care provider for this animal? _____

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Do you understand that no animal adopted from FCAC can be used for breeding? () Yes () No Initial _____

Are you willing to allow a new pet at least 60 days to adjust to your home environment? () Yes () No

How long are you willing to work with the pet while he/she adapts to his/her new environment and family members? _____

If you are going away, who will care for the pet? _____

How much will you budget for food, vet care, and license per year? _\$_____

(If applicable) Are you willing to supervise your child's interactions with the pet to ensure the safety of the child and pet?

Will this pet be indoor, outdoor, or both? Please explain.

List the TOP 5 qualities you are looking for in this pet. _____

Do you have the following? Please be specific in your descriptions.

() Yes () No Suitable cage (include dimensions) _____

Where will the cage be kept? _____

() Yes () No Exercise area (please describe) _____

() Yes () No Bedding (type) _____

() Yes () No Igloo or nesting box (type) _____

() Yes () No Food pellets (type/brand) _____

() Yes () No Food bowl (plastic, metal, or ceramic) _____

() Yes () No Water bottle or bowl _____

() Yes () No Timothy hay or orchard grass (rabbits and guinea pigs) _____

() Yes () No Vegetables (fresh and appropriate) _____

() Yes () No Appropriate toys _____

If you do not currently own these items, you will need to purchase the above items before you bring home your new pet. Please initial that you understand. _____