

**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:

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**If you rent:**

Name of apartment complex/condo:

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Landlord's name and phone number:

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**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:**

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**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.

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Suitable cage (include dimensions) _____                     |
|  | Where will the cage be kept? _____                           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Exercise area (please describe) _____                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Bedding (type) _____   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Igloo or nesting box (type) _____                            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Food pellets (type/brand) _____                              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Food bowl (plastic, metal, or ceramic) _____                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Water bottle or bowl _____                                   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Timothy hay or orchard grass (rabbits and guinea pigs) _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Vegetables (fresh and appropriate) _____                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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. \_\_\_\_\_**