Marshall County Animal Control Adoption Application

		☐ Disapproved				
Dogs N	lame:					
	ant Name:		Phone: Home/0	Cell		
	ss:					
	Lic. # Da					
2. 3.	Have you adopted from Marshall Cour Are you adopting a companion for you Where do you plan on keeping this pe Do you own or rent your home: allowance of pets in the home:	ur: Self Children t: (<i>Please be specific</i>) <i>IF renting</i> , lis	☐ Friend ☐ Gift t a landlord's nam	☐ Other		
5.	List any additional people your new p	et will be living with (spe	ecify age of any mi			
	Name:					
	Name:	Age:	Relationship:			
	Name:	Age:	Relationship:			
	What will happen to our pet if you move unexpectedly?					
	Dog(s): Cat(s)):	Other:			
	Breed:	Owned for	Age _	Spayed/Neutered?	□Yes	□No
	Breed:					
	Breed:	Owned for	Age _	Spayed/Neutered?	□Yes	□No
	Breed:	Owned for	Age _	Spayed/Neutered?	□Yes	□No
8.	If you no longer have some or all of th	iese animals, what happ	ened to them: (Pl	ease be specific)		
9. 10. 11.	Why are you adopting this animal? Have you given thought to pet owners Veterinarian Name:	ship responsibilities?	Phone	Number:		
	CONDITIONS OF ADOPTION: In choosing to adopt this animal, I ag 1. To provide food, shelter, and hum 2. To provide annual veterinary care 3. To have approval from landlord if	aree to the following con ane treatment of this ar and immunizations as re	nditions established nimal at all times. equired by state la	ed by Marshall County Ani		
County temper I have r	stand that all sums are considered dona Animal Control from any damages co ament. I understand that Marshall Co read and understood the conditions of to knowledge that giving false information	aused by this animal. I ounty Animal Control ha his adoption and agree t	accept full respo s the right to reclo to them. I certify the	nsibility for this animal's aim said animal if conditio	persona ons are r	ality and not met.

DATE: _____

APPLICANT SIGNATURE: ______

MCAC SIGNATURE: _____