



Breckinridge County Animal Shelter

495 Glen Nash Lane | PO Box 227

Hardinsburg, KY 40143

(270) 580-4299

Today's Date: _____ (OFFICE USE ONLY: APPROVED ____ DENIED ____)

What type of animal are you interested in adopting? ____ Dog ____ Cat ____ Other

Adoption Application

Personal Details

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Email: _____

What is your current level of employment?

____ Full-time ____ Part-time ____ Retired ____ Unemployed ____ Other

What is your occupation? _____

Adoption Details

1. Requested Pet Name: _____

2. Do you rent or own your home? Rent _____ Own _____

- If you rent, does your landlord give you permission to have animals at your address? Yes _____ No _____

- Landlord Name: _____

- Landlord Phone: _____

3. How long have you lived at this address? _____

- If less than one year, please list previous address below:

4. Do you have other pets in the home? Yes _____ No _____

5. If so, please list all pets: (Breed, age, gender, etc.)



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6. Are your current pets spayed/neutered? Yes _____ No _____
7. Are your current pets vaccinated? Yes _____ No _____
8. Who is your veterinarian? _____
9. Do you have children in the home? Yes _____ No _____
 - If yes, please list their age: _____
10. Has Animal Control ever been called to your residence? Yes _____ No _____
11. Have you ever been charged with an animal offense in this county or others in the past? Yes _____ No _____
12. Have you ever turned your pet over to the shelter? Yes _____ No _____
13. Will this animal be primarily kept inside or outside? Inside _____ Outside _____
14. Do you have a dog house? Yes _____ No _____
15. Is your yard fenced? Yes _____ No _____
16. Are there times when the dog would be tied-up? Yes _____ No _____
17. How would you describe your dog-owning experience? Check all that apply.
 - _____ I have had dogs of my own as an adult
 - _____ I grew up with dogs, or have worked with them, but have not had my own as an adult
 - _____ I have never had one or have limited experience with dogs

All Adopters Must Fill Out This Section:

1. Pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, shelter, and exercise for your new pet? Yes _____ No _____
2. Are you able to make a long-term commitment to care for your pet for its entire lifespan, which could be as long as 15 years or more? Yes _____ No _____
3. Which of the following reasons might force you to give up your pet? (Check all that apply.)

_____ Allergies	_____ Biting/Aggression
_____ Aggressive on Leash	_____ Destructive Chewing



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|---------------------------|-------------------------------|
| _____ Digging | _____ House-Training Problems |
| _____ Divorce/Separation | _____ Moving / Relocating |
| _____ Excessive Barking | _____ Not Trainable |
| _____ Neighbor Complaints | _____ Pets Not Getting Along |
| _____ Excessive Vet Bills | _____ Poor Watchdog |
| _____ Chronic Illness | _____ Shedding / Dirty |
| _____ Growling at Guests | _____ None of the Above |
| _____ Having a Baby | _____ Other |

4. Additional comments about why you want to adopt this particular animal?

5. Are you willing to let a staff member from Breckinridge County Animal Shelter inspect where the animal will be living? Yes _____ No _____

- If no, please explain:

Reference Details

Please provide two references that are not members of your immediate family.

Reference #1:

Name: _____ Phone: _____

Reference #2:

Name: _____ Phone: _____

Signature

We at Breckinridge County Animal Shelter reserve the right to refuse adoption to any applicant for any reason. This questionnaire application becomes part of your adoption contract. By signing below, you are certifying the above information is true to the best of your knowledge, and that you are applying to adopt an animal from our shelter.



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Sign: _____ Date: _____