



CITY OF MADISON ANIMAL CONTROL ADOPTION APPLICATION

Animal ID# _____ Name: _____ Species: _____

Applicant's name _____

Applicant's home number/work number _____

Applicant's address _____

City, State, and Zip Code _____

Applicant's employer's name _____

Applicant's E-Mail Address _____

Do you: Own Rent

What county do you live in? _____

Property owner's name _____

Property owner's phone number _____

Do you own any animals? yes no.

Names of animals: _____

If yes, is/are your animal(s) current? yes no

Veterinarian's name: _____ Phone Number: () _____

Have you adopted from us before? yes no If yes, when? _____

Are you familiar with the Animal Control Laws/ordinances in your area? yes no

Have you ever been cited for a violation of an animal control law? yes* no

*If yes, please indicate Date: _____ Jurisdiction: _____

Please tell us why you would like to adopt a pet (check all that apply): personal companion companion for other pet for a child gift to breed personal protection to guard property

How will you confine this pet? _____
Chain, runner, fence, indoor, outside, etc

How many hours per day will your pet be left alone? _____ Where will the pet be kept while you are away? _____

Where will the pet sleep? _____
Inside, outside, crate, doghouse, etc

The animal you are adopting will require yearly vaccinations and may live up to 20 years. Are you ready to take responsibility for the pet's entire life? yes no

All tenants are required to show proper authorization from property owner stating that tenants may have pets. This authorization is a necessity when considering/approving your application and an application will not be considered complete without it. A dead line will be given from date application is filled out to be authorized by City of Madison Animal Control. If there are any extenuating circumstances in obtaining an authorization from property owner, please discuss it with us and an agreeable deadline can be decided upon. Authorization may be in the form of a letter or by an officer contacting the owner by telephone.

Applications are valid 24 hours after approval, unless arrangements are previously made.

By signing below, I certify the information given is true and any misrepresentation of facts may result in the denial of this application for adoption.

Applicant's signature Date: ___ / ___ / 20 ___

___ approved ___ not approved Date: ___ / ___ / 20 ___ Officer: _____

Animals are not adopted on a first come basis. City of Madison Animal Control screens all applications. Applications must be filled out completely with the Animal ID#. If applications are incomplete and there is another application for the same pet, the next completed application may be approved. If you have any questions, please call 706-342-9604 or e-mail Cberisko@madisonga.com.