



Animal Welfare League of Queen Anne's County Adoption Application

Thank you for your interest in adopting through Animal Welfare League of Queen Anne's County. Please complete the application in full and return it to us. We will review your application and verify its contents prior to approval.

Date: _____ Full Name: _____ Age: _____

Physical Address: _____

City, State, Zip Code: _____

Telephone: _____ Cell Home (circle one)

Email: _____ Employer: _____

Occupation: _____ Work Phone: _____

How did you hear about us? _____

Tell us about your Family:

List full names and ages of all other household members:

List all pets currently living in your household

| Name | Breed | Age | Gender | Spayed/Neutered | Date of Vaccination |
|------|-------|-----|--------|-----------------|---------------------|
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Tell us about your Veterinarian:

Name/Phone of current vet: _____

Name and phone number of your past vet (5 years): _____

Are you financially able and willing to provide all veterinary care for this animal? YES NO

Tell us about your Home:

Is your residence a: House Apartment Condo/Townhouse Mobile Home

How long have you lived at this residence? _____

*If less than 2 years, please provide prior address:

Do you OWN or RENT? If you rent, does the Landlord allow pets? YES NO

If rent, please list name and contact *telephone* number for the landlord:

Please provide a copy of your current lease agreement.

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Do you have a backyard? YES NO Do you have a fence? YES NO *If yes, fence height?* _____

If you don't have adequate fencing, (i.e. totally enclosed secure fence), how will the dog be exercised?

How long will this pet be left alone at one time? _____

Where will he/she stay during this time alone? _____

About the Adoption:

Name or type of animal you are interested in adopting: _____

Why do you want this dog? (Circle all that apply)*

| | | |
|-------------|-------------------------|--------------------------------|
| Companion | Companion for other pet | Personal Protection/ Guard Dog |
| House Pet | Watch Dog | Hunting |
| Other _____ | | |

What traits are you looking for in a cat? (Circle all that apply)*

| | | | | |
|----------------|---------------|--------------|---------------|--------------------|
| Adult | Kitten | Senior | De-clawed | Male |
| Female | Special Needs | Short Haired | Long Haired | Mouser |
| Indoor/Outdoor | Indoor only | Outdoor only | Quiet/ Mellow | Energetic/ Playful |
| Other: _____ | | | | |

How would you deal with unwanted pet behavior? (i.e scratching furniture, inappropriate bathroom behavior, etc.)

In the event that you have to move what will happen to this animal? _____

Understanding the adoption:

Please initial next to each statement

_____ I understand that the animal I am adopting may be from an unknown background.

_____ I understand that regular annual check-ups are part of animal ownership and I am prepared to do that and any other medical recommendations of my veterinarian during the life of this animal.

_____ If the animal is currently on medication, I understand that I will continue the medication as prescribed and provide any necessary follow up treatments.

_____ I understand that behavior modification may be necessary and I am prepared to attend obedience classes or contact a private trainer.

_____ AWLQAC does not adopt animals as gifts, and in no way is this animal a gift.

_____ AWLQAC does not adopt animals for any kind of scientific (health or otherwise) testing or experiments, and in no way is this adoption part of a scientific testing program.

Everything on this application is true to the best of my ability. If at any time AWLQAC discovers false information on this application (written at the time of the application), we have the right to void the adoption and reclaim the animal, based on what is determined to be in the animal's best interest.

Applicant Signature

Date