

**Bisbee Animal Shelter**

938 S Tovreaville Rd.  
Bisbee, AZ 85603  
520-432-6020  
bisbeanimals@gmail.com

Name of Dog/Cat: \_\_\_\_\_

Primary Adopter(s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

1. Why are you interested in adopting this dog/cat?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you live in a: House / Apartment / Other: \_\_\_\_\_

3. Do you own; rent; or lease? \_\_\_\_\_

- If you rent / lease, Please provide landlord's name and phone # :

\_\_\_\_\_  
\_\_\_\_\_

- Are you allowed to have pets at your current address? \_\_\_\_\_

4. How long have you lived at your current address? \_\_\_\_\_

**Family & Home Environment:**

1. Please list the names and phone numbers of any other adults in household: \_\_\_\_\_

\_\_\_\_\_

- Are they in agreement with adopting? \_\_\_\_\_

2. How many children are in the household? \_\_\_\_\_

- Ages of children: \_\_\_\_\_

3. Please circle which energy level best describes your home: Active    Average    Quiet

4. Is anyone in the household allergic to cats or dogs? \_\_\_\_\_

5. What other pets do you have in household: (please be specific, i.e number of pets, age, name, breed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are all pets in the household up to date on vaccines? \_\_\_\_\_

7. Are all pets in the household spayed/neutered? \_\_\_\_\_

- Are you able to provide proof for the above? \_\_\_\_\_

8. Have you ever surrendered or rehomed a pet? Why? \_\_\_\_\_

\_\_\_\_\_

9. Have you had any animals in the past? \_\_\_\_\_

- If they are no longer with you, please share what happened:

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10. How will you discipline the dog/cat?

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11. Will the dog / cat be indoors or outdoors? \_\_\_\_\_

12. Where will the dog/cat be at night? \_\_\_\_\_

- During the day? \_\_\_\_\_

13. Do you have a fenced in yard? \_\_\_\_\_

- How tall is the fencing? \_\_\_\_\_

14. Do you agree to provide professional training with your dog if needed? \_\_\_\_\_

15. Do you agree to provide grooming for long haired dog / cat? \_\_\_\_\_

16. 21. If adopting a cat, do you intend to have the cat declawed? \_\_\_\_\_

- Why? \_\_\_\_\_

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17. Who will take care of the dog/cat in your absence?

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18. What will happen to the dog/cat if you have to move?

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19. Past or current veterinarian: \_\_\_\_\_

- Phone Number: \_\_\_\_\_

20. Are you financially able and willing to provide annual checkups, vaccinations and any medical care necessary? \_\_\_\_\_

21. In the event that you are no longer able to care for the dog/cat, do you agree to return the dog/cat to the Bisbee Animal Shelter? \_\_\_\_\_

22. Is there anything else you would like us to know before processing your application? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References: (Please list 3 people who do not live in your current household and at least two non-relatives)**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

*I understand that completion of this application does not guarantee approval of adoption- adoptions are NOT first come first served, but are based on what is the best fit for the animal, and only approved applicants will be called back. I certify that all the information in this application is true. I understand that false information may void this application. I also understand that failure to comply with the completed adoption contract could result in my inability to adopt another animal.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_