

Powell County Animal Shelter  
121 Echo Hollow Rd  
Clay City, KY. 40312.

Mailing address: Powell Co Fiscal Court  
P. O. Box 506  
Stanton, KY 40380

Our goal is to find a loving, responsible and permanent home for the animals in our care. Please be *thorough* and *complete* with your answers. We look forward to assisting you in your choice of a pet companion. Adopters MUST be at least 18 years of age.

**List Names** of Adults in household: \_\_\_\_\_

Name of the pet you are interested in adopting? \_\_\_\_\_  
Dog \_\_\_\_ Cat \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Breed \_\_\_\_\_

Number of children in your household: \_\_\_\_\_ Ages \_\_\_\_\_  
\_\_\_\_\_

Address (both mailing and physical)

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

We need two phone numbers where to contact you: Best time to call? \_\_\_\_\_  
\_\_\_\_\_

Required references – preferably non-family members:

Name- \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_  
Name- \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Are you employed? \_\_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_ If not employed from where do you receive income? \_\_\_\_\_

Employer's name- \_\_\_\_\_ Spouse's employer- \_\_\_\_\_  
Position \_\_\_\_\_ Position \_\_\_\_\_

What type of home do you have?

a. Own home \_\_\_\_\_ b. Rent home \_\_\_\_\_ c. Live with parents \_\_\_\_\_ d. Own trailer \_\_\_\_\_  
e. Rent trailer \_\_\_\_\_ f. Live with someone else \_\_\_\_\_ g. Rent apartment/condo \_\_\_\_\_ H.  
Duplex \_\_\_\_\_

Are you open to a home visit, or would you be willing to send photos of your home or pet's accommodations? \_\_\_\_\_

If you rent, do you have permission to own a pet? \_\_\_\_\_  
(Your contract could specify limit to size or breed)

By completing this application it is understood your intentions are to give this pet a permanent home. Is this correct? \_\_\_\_\_

*(A trial period is an option if agreed upon by both parties)* \_\_\_\_\_ & \_\_\_\_\_ (initial)

If you are adopting a dog, do you have a yard? \_\_\_\_\_ Is it fenced? \_\_\_\_\_ If no fence how do you plan to ensure the dog has an adequate safe place for exercise?  
\_\_\_\_\_

Are you willing & able to provide and pay for necessary medical treatment and/or annual vaccinations that your new pet will need? \_\_\_\_\_

Are you willing to provide flea/tick and heartworm prevention on a monthly basis? \_\_\_\_\_

Where, at your home, will this pet spend most days? \_\_\_\_\_  
Where, at your home, will this pet spend the night? \_\_\_\_\_

Pets are like people and need entertainment and companionship. Do you have adequate time in your day to spend with this pet? \_\_\_\_\_

Do you or any others in your household have an allergy to pets? \_\_\_\_\_

Are all members of your family agreeable to adopting this pet? \_\_\_\_\_

Have you ever surrendered or had to re-home a pet? \_\_\_\_\_ If yes, please explain

How many other animals do you currently own? \_\_\_\_\_

Cats \_\_\_\_ dogs \_\_\_\_\_. Other \_\_\_\_\_

Are they up-to-date on vaccines and spayed or neutered? \_\_\_\_\_

What type of flea/HW meds do you currently use? \_\_\_\_\_

Who is your current vet or vet with pet history to verify the above? (if applicable) Your hard copies of invoices or certificates can be used.

Clinic name: \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

What is the name listed on your account? \_\_\_\_\_

**It is mandatory that all our pets be spayed or neutered. If this pet is not already altered I agree to keep the follow up appointment made by PCAS. \_\_\_\_\_ (initial)**

**Thank you** for taking the time to give us this information. By signing this application you agree that all information you provided is truthful. Your application will be reviewed and you will be contacted as soon as possible. If you have further questions, feel free to call. .606.663.4998

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Statement of Intent and Agreement to Terms

- a. I promise to take my new pet to a licensed vet for annual vaccinations and check-ups.
- b. Medical problems requiring vet attention may include: excessive hair loss, weight loss, chronic coughing, vomiting and diarrhea lasting more than 24 hours, appearance of worms in feces, runny, cloudy, or irritated eyes. I agree to seek veterinary assistance if I observe any of these symptoms in my pet.
- c. If for any reason I cannot keep the pet I adopt, I agree and promise to contact our shelter to return the animal or discuss options.**
- d. The Powell Co. Animal Shelter is in no way financially liable or personally responsible for this adoption or future acts of the adopted pet. In signing this application, I agree to hold PCAS and those acting on its behalf harmless from any liability, expense or cost of defense resulting from acts of this animal and all problems, consequences or disputes resulting from the adoption of this pet.
- e. I understand the Powell Co Animal Shelter, or any authorized to act on its behalf, may reclaim the above named animal from me if I do not fulfill this agreement.
- f. I agree and promise not to use this animal for dog-fighting purposes. g.

All adoption fees are non-refundable after 10 days.

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Signature Date