



16 Mountain View Meadow Road, Morrisville, VT 05661
 Phone: 802-888-5065 x 101 Fax: 802-888-4408
www.ncal.com

Adoption Application

Your Name (first, middle, last)	Maiden Name	Date of Birth			
Partner's Name	Maiden Name	Date of Birth			
Street Address	Mail Address (if different)				
City, State, Zip	City, State, Zip				
Home Phone ()day ()evening	Work Phone ()day ()evening				
Drivers License Number	E-mail address				
Your Occupation	Company				
Business Phone	Supervisor's Name				
1. My reason for adopting this animal is: (check all that apply) <input type="checkbox"/> Companion <input type="checkbox"/> For children <input type="checkbox"/> Gift <input type="checkbox"/> Guard <input type="checkbox"/> Hunting <input type="checkbox"/> Other _____					
2. Is there any member of your household that has allergies to any animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to what type(s): _____ Are they on any medications for their allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you willing to spend money on allergy shots or medication? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. I share my home with _____ adults and _____ children. Ages of children: _____ <input type="checkbox"/> I have children that visit or live next door. Ages: _____					
4. Who will be responsible for the care of this animal? <input type="checkbox"/> Myself <input type="checkbox"/> Partner <input type="checkbox"/> Both <input type="checkbox"/> Children <input type="checkbox"/> All					
5. This animal will be left alone for _____ hours per day.					
6. Are you a frequent traveler? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where will the animal stay while you're away? _____					
7. Where, primarily will the animal live? <input type="checkbox"/> Inside <input type="checkbox"/> Outside					
8. When animal is inside they will be: (check all that apply) <input type="checkbox"/> Crated <input type="checkbox"/> Room <input type="checkbox"/> Basement <input type="checkbox"/> Loose <input type="checkbox"/> Tied When animal is outside they will be: (check all that apply) <input type="checkbox"/> Fenced yard <input type="checkbox"/> Invisible fence <input type="checkbox"/> Tied <input type="checkbox"/> Runner <input type="checkbox"/> Walked <input type="checkbox"/> Loose <input type="checkbox"/> Supervised loose					
9. What types of animals have you had or lived with in the past ten years:					
Name	Breed or Type	Age	Sex	Spayed/ Neutered	Where is the animal now?

10. How much money do you expect to spend in a year on your new companion?
11. Have you or your partner ever surrendered or returned an animal to a shelter before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please briefly explain why:
12. Have you or your partner ever given an animal away to another person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please briefly explain why:

Skip to question 14 if adopting a dog/puppy.

13. Do you know how to train a cat to use a scratching post? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you thinking about declawing? <input type="checkbox"/> Yes <input type="checkbox"/> No

Skip to question 15 if adopting a cat/kitten.

14. Do you know how to house-train a dog/puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you know about crate training a dog/puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you planning on attending an obedience class with your new dog/puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are you willing to take a minimum of 1-2 months to house-train, and allow the animal time to adjust to a new home with a new routine, people, and other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. In the event you need to move/relocate are you willing to find a home that will allow you to bring this animal with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Are or will you be moving in the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
17. Do you <input type="checkbox"/> own or <input type="checkbox"/> rent? What type? <input type="checkbox"/> Apartment <input type="checkbox"/> Camp <input type="checkbox"/> Condo <input type="checkbox"/> House <input type="checkbox"/> Trailer If you rent, please provide landlord's name: _____ Landlord's phone number: _____ *A copy of your lease or proof of home ownership is required.* *If applicable, proof of insurance is also required.*

18. Please list two references: (friends or relatives)

1. Name	Relationship	Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening
NCAL Call Log		
2. Name	Relationship	Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening
NCAL Call Log		

19. Please list two references: (coworkers, neighbors)

1. Name	Relationship	Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening
NCAL Call Log		
2. Name	Relationship	Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening
NCAL Call Log		

20. Who is/has been your veterinarian?

21. How did you hear about our shelter? Adopted Before Television-please specify _____
Petfinder.com Special Event Radio Friend NCAL website Facebook Live in area
Newspaper-please specify _____ Other _____

For the purpose of adopting an animal, the undersigned certify that the above statements are true and complete, authorize North Country Animal League, or its agents, to verify any information given, to obtain any past medical information from the veterinarian concerning current or previous animals. North Country Animal League reserves the right to: determine whether a given animal is suitable to the person, family, or lifestyle; to deny any adoption in the best interest of the animal.

Signature: _____ Date: _____
NCAL Associate: _____ Date: _____