Murray-Calloway County Animal Shelter 81 Shelter Lane, Murray, KY. 42071

Email: mccasapplication@gmail.com (270) 759-4141

WHICH PET ARE YOU INTERESTED IN?

YOUR NAME:	AGE:									
Address (street, city	, ST, zip)								
Home Phone			Cell Phone				Wo	rk		
Email Address							l l	I		
Place of Employmer	it				Position					
Living Environm	ent:									
I currently own: [] Hou	se [] Condo []	Trailer [] C	Othe	r For H	low Lo	ng?			
I currently rent or le	ease:									
[] Apartment [] House [] Condo [] Trailer [] Other For How Long?										
If you rent	If you rent or lease, do you have your landlord's permission to keep a pet? []Yes []No									
Landlord's Name: Phone Number:										
I currently live with	friends	or family:								
[] Apartment [] House [] Condo [] Trailer [] Other For How Long?										
Homeowner's Name: Phone Number:										
How many people live at your residence? What are their ages?										
Where will your new pet live? (Please check all that apply.)										
[] Indoors only [] Indoors and outdoors w/Supervision [] Mostly Outdoors [] Outdoors										
[] Barn [] Tied Outside [] Kennel [] Running Free [] Fenced Yard										
How many hours will your pet be unsupervised during the day?										
Current and past pe	ts_									
If you have had a pe	t in the	past, but have no p	ets currently, v	what	happened t	to him/	/her?			
Do you currently ha	ve pets?	P[]Yes[]No Ho	w many?		Please	list bel	low or write	on back.		
Name	Name Type/Breed			Sex Age Spayed/Neutered? If no, w			If no, why?			
							[]Yes []	No		
							[]Yes []	No		
							[]Yes []	No		
Do you have a vet fo	r your	oets? []Yes []No								
Please give name ar	id numb	er of Clinic:								
I give my permissio	n for M	CCAS to contact my	vet in order to	ver	ify that I ha	ve acte	ed responsibl	y in the med	lical care for my pet(s)	
in consistency and o	ım in go	ood financial stand	ing with the cli	nic.	[]Yes []N	o				
Are you aware that	all anim	als adopted from N	ACCAS must be	spay	yed or neute	ered wi	ith NO except	tions? [] Ye	!S	
What are you prepa	red to s	pend on your pet(i.	e. food, vet car	re, gı	rooming, mi	sc.) pei	r year?			
Have you ever been	accuse	d or convicted of ar	nimal abuse or	negl	ect?		[]Yes []No		
Have you, or any mo	embers	of your household,	ever engaged i	in an	y type of an	imal fig	ghting?	[]Yes []No	0	
I acknowledae that	all of th	ne information on t	he Entire Appli	icatio	on is True ar	nd Corr	rect. And. tha	ıt I am applı	ving to adopt this pet	
I acknowledge that all of the information on the Entire Application is True and Correct. And, that I am applying to adopt this pet for myself and not for someone else. I will be the primary/responsible owner.										
SIGNED: DATE:										