

ADOPTION SURVEY

A valid photo ID is required to meet or adopt a pet.

 Person ID: _____
 Animal ID: _____
 Animal Type: _____

 Name _____ Date of Birth _____
 Co-owner Name _____ Date of Birth _____
 Phone _____ Phone _____ Email(s) _____
 Address _____ Unit _____
 City _____ State _____ Zip _____

Is the above residence a(n):

Apartment	House	Condo
Mobile Home	Other _____	

Do you rent or own the above residence?

Rent	Own	Live with family
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If you rent, landlord approval must be obtained prior to the completion of any adoption. Please provide:

Landlord _____ Phone Number _____

Survey Questions:

1. Do you have other animals in the home? Yes No
2. Are there small children that frequently visit or live in the home? Yes No
3. Do you have a fully fenced yard?

Front	Back	Both	No Fence	If applicable, fence height _____
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4. Do you have a veterinarian? Yes No
If yes, what is the name of the clinic/hospital? _____
5. Do you plan on keeping your new pet indoors? Please Explain: _____
6. Are you prepared for the responsibilities of a new pet? Yes No
Including but not limited to: house-breaking, obedience training, exercising, socializing, and cleaning
7. Are you prepared for the financial responsibilities of a new pet, including medical costs?
*SLCoAS **does not** reimburse or cover any medical costs after adoption.* Yes No
8. Are you able to train and handle a dog/cat with limited obedience and/or behavioral issues OR are you looking for an easy-going pet? Please explain: _____
9. Do you have any questions or concerns about adopting a new pet? Please explain: _____
10. Do you consent to SLCo Animal Services potentially taking and using an adoption photo of you and your new pet on social media? Yes No

Tell us about your current and past pets:

Name	Type of Animal	Age	Spay/Neutered?	Still own? If no, please explain:

I certify that I am at least 18 years of age and that the above information is accurate and truthful, and understand that any misrepresentation of the above information can result in withdrawal of my application for adoption. I understand that all adoptions done by Salt Lake County Animal Services are at the discretion of authorized representatives and completion of this form does not guarantee adoption.

Adopter Signature _____ Date _____

SLCoAS Staff Signature _____ Date _____

Application Request for Working Cats

Name _____

Address _____ City _____

State _____ Zip _____ Phone #1 _____ Phone #2 _____

Email(s) _____

1. Is the address listed the same address the cat(s) will be living? YES NO

If No, please list the address the cat(s) will be living:

Address _____

City _____ State _____ Zip _____

2. Where will the cats be housed?

Residential home with garage or shed

Farm Ranch with barn or outdoor building/stable

Warehouse

Other **If other please explain* _____

3. How many cats are you interested in from our Working Cat Program? _____

(2 cat minimum strongly recommended)

4. What will you feed the cats?

Dry cat food

Wet cat food

No food provided

5. Would you be interested in 'special needs' working cats (cats missing a leg or an eye, etc.)?

Yes

No

6. Do you need more information about our Working Cat Program before making a decision?

Yes

No

7. What is the best method to contact you? Phone Email

Adopter Signature _____ Date _____

SLCoAS Staff Signature _____ Date _____