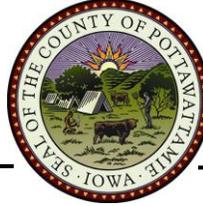


**POTTAWATTAMIE COUNTY  
ANIMAL CONTROL**



18670 Applewood Road  
Council Bluffs, IA 51503  
Ph: 712.366.1143 Fax: 712.366.0446  
Email: [animal.control@pottcounty.com](mailto:animal.control@pottcounty.com)

**ADOPTION APPLICATION**

Pets Name \_\_\_\_\_

**PERSONAL INFORMATION**

Name of Applicant (adults over 18 yrs. only) \_\_\_\_\_

Name of Co-applicant (adults over 18 yrs. only) \_\_\_\_\_

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

Phone: Home ( ) - Work/Cell ( ) -

Applicant's Employer \_\_\_\_\_ Job Title \_\_\_\_\_

How did you hear about the Pottawattamie Animal Control Shelter? \_\_\_\_\_

1. Why do you want to adopt an animal?  
(Circle choice) Companion Gift Guard Dog Personal Protection For a Child Other

**HOUSEHOLD & DOG CARE INFORMATION**

2. Do you: (Circle one) Own or Rent (Submit copy of the lease written approval)  
3. How many adults in household? \_\_\_\_\_ Ages \_\_\_\_\_ Children? \_\_\_\_\_ Ages \_\_\_\_\_  
4. Where would the pet be kept during the day? \_\_\_\_\_  
At night? \_\_\_\_\_  
5. How many hours a day will the pet be alone? \_\_\_\_\_  
6. Are you willing to take responsibility for this pet for the next ten years or more? \_\_\_\_\_  
7. How much do you think it will cost to take care of this animal each year? Please consider the cost of veterinary care, food, grooming, toys, licensing, etc. \_\_\_\_\_

**PET HISTORY**

8. Please list all the pets you have owned in the last five years (Start with Current specify deceased or rehomed):

TYPE	SEX	AGE	SPAYED/NEUTERED?	WHERE IS HE/SHE NOW?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. If you currently have pets, are all vaccinations current? (Circle one) Yes No  
If you have another dog, does that dog take heartworm preventive? (Circle one) Yes No  
10. Why should Pottawattamie County Animal Control Shelter place a dog with you? What special things can you offer a dog? \_\_\_\_\_

**APPLICANT REFERENCES**

If you currently own or have owned a pet during the past three years, *one reference must be a veterinarian*. Other references may include neighbors or co-workers. If you rent, please list landlord.

\_\_\_\_\_  
Veterinarian/Clinic & Phone No.

\_\_\_\_\_  
Name/Relationship/Phone No.

Have you ever been charged with or convicted of Animal Neglect or Animal Abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicant Address Property Information**

12. What is your plan to maintain the dog to your property? (fence, underground fence, teathering)

13. Does the yard have a fence? Yes/No 4foot tall \_\_\_\_\_ 6foot tall \_\_\_\_\_

14. How long have you lived at the current address? \_\_\_\_\_

If less than 5 years please list prior addresses:

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**APPLICANT SIGNATURE (S)**

I acknowledge that the information contained in this form is true and correct to the best of my knowledge. I understand that any misrepresentations of fact may result in the removal of the adopted dog from my home by the Pottawattamie County Animal Shelter.

I understand that a placement fee is requested for all dogs being adopted from this Shelter. This Fee includes the cost of Spaying/Neutering, a Nationally Registered Micro-chip, Rabies vaccination, Worming, 5 way shot and a Kennel Cough injection. This placement fee is considered a donation to the Animal Control Shelter and will not be refunded for any reason.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date