DOG ADOPTION APPLICATION Santa Barbara County Animal Services



Animal Name Animal	ID nul	mber: A		
Thank you for filling out this profile. The	e infor	mation you provid	e will help us help you	find the best match
for you and your family. Please understand that we cannot guarantee the health of our animals, or whether				
they are housebroken or have had any train				
		Spauge on p	antaga'a nama:	
Name:	Spouse or partner's name:			
Home address.	Manla	CITY,	ZIP	
Home phone:	Driver's License:			
e-mail address.	attending school homemaker other:			4l
Are you: working retired	atter	iding school	nomemaker o	mer:
Household Information:			,	
Do you own or rent? Is it a hou				
Landlord's name and phone number			(Required, if you rent)
Name of other adults in the household and number of children and their ages:				
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Time you or another adult is usually at how				way 7- 10 hrs daily
Household activity level in my home is usually: low medium high				
Do you have a fenced yard? Type of	fence	·	_ Height of fence at	lowest point
Pet Information- Current pets in your ho	ome:			
Type of pet (dog, cat, etc.) & breed type	Age	Male or female	Spayed/neutered?	Name of pet
		120	Yes □ No □	·
			Yes 🗆 No 🗆	
			Yes No No	
			Yes □ No □	
	L		763 🗀 140 🗁	
Name of your Veterinarian or Veterinary Clinic:				
Who will be responsible for your dog(s) if you are on vacation or unable to care for them in the event of an				
emergency? (Include address and phone)				
Dog experience: First time owner: Have had dogs in the past: Knowledgeable and experienced				
Where will your dog be kept primarily during the day?At night?				
Number of hours dog will be left alone dailyAre any family members allergic to pets? Yes \Box No \Box				
Are you interested in micro-chipping the dog? Yes \square No \square				
Is anyone in your home nervous or unsure of dogs? Yes 🔲 No 🗖 Please Explain:				
Please describe the temperament, activity level, and special qualities you are looking for in a dog:				
Are you aware of: the County leash law?	Yes	No 🗆		
Are you in compliance with the County license law? Yes \(\Boxed{1} \) No \(\Boxed{1} \)				
Are you aware of the costs of owning a dog, such as medical care, vaccinations, license fees? Yes No				
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Have you read and do you understand the requirements stated on the records of the dog you wish to adopt?				
Yes No D				
How did you hear about our shelter? Radio 🗖 T.V. 🗖 Internet 🗖 Friend 🗖 Other:				
The new owner of this dog understands the risk of owning this dog, freely accepts them, and waives any				
rights to make a claim against the County or file a lawsuit against the same in the event that the dog bites,				
or causes injury, destroys property or succumbs to health problems that existed before or at the time of				
transfer. Signature of adoption applicant:				
				1.

rev June 2011