



Prince George's County
 Department of the Environment
ANIMAL SERVICES DIVISION
 3750 Brown Station Road, Upper Marlboro, Maryland 20772
 Phone: (301) 780-7200
 www.princegeorgespet4us.com



Spay/Neuter Saves Lives

ADOPTION APPLICATION FOR DOGS AND CATS

Animal Name and ID #: _____ Date: _____

Welcome to the Prince George's County Animal Services Facility and Adoption Center. We're happy you chose our facility to adopt your new pet. It's our mission to unite the right pet with the right owner, so please fill out this application to the best of your ability. Once you've finished, a staff member will review the application with you. While we carefully monitor all of our animals, we have limited knowledge of their backgrounds. Therefore, we cannot guarantee the health, behavior, temperament, age or breed of any animal adopted from the animal services facility and adoption center. In addition, please understand that once an animal is adopted, the new owner assumes full financial responsibility for that pet including any health care and training. **The Prince George's Animal Services Division may want to visit your home to see where your new pet will be kept.**

I certify that the information provided is true and I understand that false information may result in the denial of this application.

Signature: _____

Name: _____ Best Contact Number: _____

E-mail Address: _____

Address: _____ City: _____

County: _____ State: _____ ZIP: _____

How long at this address? _____ If less than 2 years, please provide previous address.

Address: _____ City: _____

What energy level do you prefer (check boxes)

- High Energy (daily jogging/hiking partner)
- Medium Energy (plays for awhile but also loves lounging on the couch)
- Low Energy (slow walks/couch potato)

What size animal do you prefer?

- Small (0-30lbs)
- Medium (30-60lbs)
- Large (60lbs +)



To ensure that this adoption is in the best interest of both you and the animal you select, we ask that you answer the following questions completely and honestly.

List all the animals that have lived in your home for the past 5 years.

Breed of Animal	Name of Pet	Sex	Age	Spayed/Neu-tered or N/A	Years of ownership	Inddor or outdoor pet?	Still Owned? If No, What Happened?

1. I have owned this type of animal before Yes No
2. My pet will be kept as an indoor only pet Yes No
3. My pet will be used as a guard animal Yes No
4. I have a fenced in yard Yes No
5. I will take the animal for leash walks Yes No
6. I will declaw my cat (cats only) Yes No
7. My cat will be allowed outdoors (cats only) Yes No
8. Do you have a current veterinarian? Yes No
If yes, please provide clinic information: _____
9. Have you ever rehomed or turned a pet into the shelter? Yes No
If yes, state the reason: _____
10. I would return my animal because of the following concerns:

<input type="checkbox"/> Chewing	<input type="checkbox"/> Jumping	<input type="checkbox"/> Growling
<input type="checkbox"/> Barking	<input type="checkbox"/> High- energy	<input type="checkbox"/> Food/Toy aggression
<input type="checkbox"/> Dog aggression	<input type="checkbox"/> Separation anxiety	<input type="checkbox"/> Medical Costa
<input type="checkbox"/> Blind/deaf	<input type="checkbox"/> Doesn't use stair	<input type="checkbox"/> Incontinence (leaking urine)
<input type="checkbox"/> Requiring special Diet	<input type="checkbox"/> Mouthy	<input type="checkbox"/> Household allergies
11. Does anyone in your home have asthma or allergies? Yes No
Explain How will your family deal with allergies: _____
12. How long will you allow your animal to adjust to your home; explain: _____
13. How will you correct any behavioral concerns/Issues? _____
14. Is everyone in agreeance of adoption? Yes No
15. How long will the animal be left alone each day? _____
16. Indicate how many adults live in the household: _____
17. Children under 18? Yes No
If yes, indicate all ages: _____