

Effingham County Animal Control-Shelter License #171
Adoption Application for: _____

Adopter's Name: _____ Date of Birth: _____
Co-Adopter's Name: _____ Date Of Birth: _____
Address (where pet would be living): _____
Phone Number(s): _____
Email address: _____ Own or Rent: _____
If Renting: Pets Allowed? Yes / No Name and phone number of landlord: _____
How Long At Current Address: _____
Names, types, and ages of current pets: _____
Do you have children or children that visit your home often? If so, how old? _____

Veterinarian Reference :

Vet Clinic
Name: _____
Vet Clinic
Phone#: _____
Vet Clinic Address: _____
Are you a first time pet owner? Yes / No
Who will mainly be responsible for this pet? _____
What do you think is a reasonable amount of time for this pet to adjust to your home and what behavior expectations do you have? _____

What issues would compel you to give up this pet?

Chewing Soiling Barking Jumping
 Digging Shedding Property Damage None of the Above
 Other Describe: _____

Do you or anyone in your home have allergies?

How do you plan to transition your new pet in with your current
pets? _____

Do you have a facebook page? If so, what is your name on your facebook? _____
Comments or other things we should consider in regards to your
application: _____

Thank you for taking the time to fill out this application, which will help us to match you with the right pet. There may be up to a week waiting period to process paperwork. Completion of this form does not guarantee that the ECACS will place a pet in your care. I understand that if a pet is placed with me, I will pay a NON-REFUNDABLE adoption fee. I certify that the information I have provided is accurate, and that any misrepresentation of facts may result in my losing the privilege of adopting a pet through ECACS. I Agree: Yes No

***If your application is approved we will call you to set up a meet and greet appointment time.**