

**ADOPTION APPLICATION**  
**WEST BATON ROUGE PARISH SHELTER AND ANIMAL CONTROL**  
 3183 TED DENSTEL ROAD  
 PORT ALLEN, LA 70767  
 1(225)336-2428

Date: \_\_\_\_\_

Before applying for adoption please read the following carefully. In order to qualify to adopt you must:

- 1.) Be willing and able to provide medical care, stable care for the remainder of the pet's life, and proper training.
- 2.) Be 18 or older.
- 3.) The owner of the property must be aware/consent to the adoption.
- 4.) Understand we reserve the right to deny any application as we see fit.
- 5.) Consent to a vet check and understand this affects the application approval process.

**Animal You're Interested In:** \_\_\_\_\_ **Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Do you live in a:** Apartment    Townhome    Duplex    Mobile Home    House    Other: \_\_\_\_\_

**Do you:**        **Rent** /        **Own**

**Do you have a fenced in back yard? If yes describe fence:** \_\_\_\_\_

**IF you rent, what is the Pet Policy stated in your lease? :** \_\_\_\_\_

**Number of adults in the house-hold:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**Number of children in household:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**Does anyone in the household have previous allergies to animals:** \_\_\_\_\_

**Is everyone in your home aware you're adopting a pet?** \_\_\_\_\_

**Have you ever applied for or adopted an animal from another shelter? Which:** \_\_\_\_\_

**Have you ever turned an animal over to a shelter or rehomed a pet? Why:** \_\_\_\_\_

**Please list any animals you currently own or have owned in the past:**

Animal Name	Breed/Size	Sex/Age	Spayed/Neutered?	Is/Was this animal kept on Flea and Heartworm prevention?	Time Owned	Do you still have this animal? If not, where are they currently?

**Have your animals had any vaccination in the past year?:** \_\_\_\_\_

**What Heartworm/Flea prevention do you use?:** \_\_\_\_\_

**Name and Phone number of your veterinarian:** \_\_\_\_\_

**Will this dog/cat live:**    **Indoors**        **Outdoors**        **Both**    **If both, explain:** \_\_\_\_\_

