

Description:	Breed: _____	Color(s) _____	Sex: _____	Age: _____
Surgery Required:	Yes No	Date of Pick-up: _____	ID# _____	
OFFICE USE ONLY				

Animal Center of Moore County Adoption Application

Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone#: _____ Work: _____ Other: _____

Email Address: _____ Driver License# _____

Are you at least 18 years of age? Yes No

Has anyone in your household ever been investigated for animal cruelty/neglect? Yes No

Have you ever adopted from Animal Center of Moore County before? Yes No

Please List present pets:

Dog _____ Cat _____ Other _____ Name: _____ Spayed/Neutered?

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Dog _____ Cat _____ Other _____ Name: _____ Spayed/Neutered?

Dog _____ Cat _____ Other _____ Name: _____ Spayed/Neutered?

Why would you like to adopt this pet? _____

Are you adopting as a gift? Yes No If yes, is the giftee aware of the gift? Yes No

If not a homeowner, do you have the landlord's permission to have a pet? Yes No

Who will be responsible for the care of this pet? _____

My pet will mainly live: Indoors Outdoors Please describe: _____

How many hours per day would your pet be left without supervision? _____

Is there anyone in your household with animal related allergies? Yes No

Who is your current Veterinarians? _____

Have you ever trained a pet in obedience classes or worked with a professional trainer? Yes No

If yes, please describe:

Have your pet(s) ever had a litter? Yes No
If yes, you breed for: Fun Profit Show By Accident

How do you plan on handling the pet's exercise needs? _____

When traveling, how do you intend to provide for the pet while you are gone?

What would you do if the pet grew to be bigger than you expected?

What provisions would be made for the pet if you had to move?

If the pet becomes aggressive to people and/or other pets, what would you do? _____

If your pet becomes ill or injured, are you financially prepared to provide the medical care? Yes No

What would you do if you could no longer care for your pet? _____

Are all your pets in your home current on vaccinations? Yes No

Have you ever given away a pet? Yes No If yes, why? _____

Often it will take several weeks or longer for you new pet and your current pet to adjust to each other. During this acclimation it may be necessary to keep the pets in separate quarters and introduce them gradually. Are you willing to allow this time? Yes No

By signing my name, I certify that the information provided is true. I understand it is subject to verification by the Animal Center of Moore County. I further understand that the Animal Center of Moore County reserves the right to refuse adoption to anyone.

Signature: _____

Date: _____

County of Moore
Animal Operations
5235 Highway 15/501
Carthage, North Carolina 28327



Brenda Sears
Director

Telephone: 910.947.2858
Fax: 910.947.5952

There are a few things every adopter needs to know about Moore County Animal Operations as follows:

- The Animal Center is an open admission shelter. Animals arrive every day and may have been exposed to a variety of diseases prior to arrival. We have no way of knowing if a pet might be harboring a disease organism. Possible infections include bacterial and viral diseases, internal parasites and external parasites.
- We make every effort to adopt only healthy animals, but it is possible that once in the home environment a pet could experience disease symptoms.
- We deeply regret any illness your new pet may come down with, but please understand, in spite of diligent precautions, there is a chance that the immune system of your pet may not be adequate to combat an infection. For this reason, we strongly urge you to make a well-pet appointment at your preferred Veterinary clinic within a week of adoption.
- If within 7 days of adoption, the animal becomes sick or dies from an unknown illness, the Animal Center will replace the animal OR reimburse the adoption fee. It may take up to three weeks to receive a reimbursement check in the mail.
- **No money spent on Veterinary expenses will be reimbursed.**

I understand and agree to the above-described terms and considerations.

Signature

Date