



CITY OF SMITHVILLE

APPLICATION FOR ADOPTION

APPLICANT INFORMATION	NAME	SPOUSE/OTHER OCCUPANT	
	ADDRESS		
	CITY	STATE	ZIP
	PHONE	E-MAIL	
	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	
	IF RENTING, LANDLORD NAME	IF RENTING, LANDLORD PHONE	
	VETERINARIAN NAME	VETERINARIAN PHONE	
	NUMBER OF ADULTS AND CHILDREN LIVING IN YOUR HOME (ALSO INDICATE AGE OF CHILDREN)		
	DO YOU HAVE A FENCED BACKYARD? IF YES, PLEASE DESCRIBE.		
	DO YOU HAVE ANY PET RESTRICTIONS WHERE YOU LIVE? IF YES, PLEASE DESCRIBE.		
	LIST OF CURRENT PETS. (INCLUDE SPECIES, NAME, AGE, BREED AND STERILIZATION STATUS)		
	NUMBER OF NON-CURRENT PETS YOU HAVE OWNED IN THE LAST FIVE (5) YEARS. (INCLUDE SPECIES, NAME, AGE, BREED, STERILIZATION STATUS, AND WHY YOU NO LONGER OWN THOSE PETS)		

Phone: (816) 532-0577
Fax: (816) 532-8331
E-mail: shelter@smithvillemo.org

Visit
smithvillemo.org
for additional information

BACKGROUND INFORMATION	REASON FOR ADOPTION (SELF, GIFT, CHILD, ETC.)			
	HAVE ALL ADULTS IN THE HOUSEHOLD AGREED TO ADOPT THIS PET?		YES	NO
	I(WE) PLAN TO KEEP THIS DOG:			
	MOSTLY INDOOR	MOSTLY OUTDOOR	INDOOR/OUTDOOR	
	IF THIS DOG IS TO BE KEPT MOSTLY OUTDOOR, OR INDOOR/OUTDOOR, DO YOU HAVE AN OUTDOOR SHELTER? IF YES, PLEASE DESCRIBE.			
HOW DID YOU HEAR ABOUT THIS PET? (PETFINDER, NEWSPAPER, FACEBOOK, OTHER)				

SIGNATURE	I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE AND THAT THE SIGNATURE BELOW SHALL CERTIFY THAT I HAVE AND WILL MAINTAIN DURING THE USE OF THIS SERVICE, FINANCIAL RESPONSIBILITY WITH RESPECT TO THIS ACCOUNT. I UNDERSTAND THAT THE CITY OF SMITHVILLE RESERVES THE RIGHT TO REFUSE ADTOPTION.	
	SIGNATURE	

OFFICE USE	APPROVED	DECLINED
	DATE NOTIFIED	SIGNATURE

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