

Do you have any pets now? Y/ N

If so, number of: Cats: _____ Dogs: _____ Other: _____

Do you own your own home?

If not, please provide the Landlord's Name and Phone Number below:

Does your landlord agree to pets and are there any limitations? _____

If so, please specify: _____

Do you live in a home, apartment or mobile home? _____

Is someone at home during the day? Y/ N

Does the person know how to house train a pet? Y / N

On behalf of the Mayor of Waynesville, the animal shelter representatives reserve the right to deny adoptions to anyone.

The Waynesville Animal Shelter **DOES NOT** adopt animals to any person living in the following residences:

Dogwood Westside Village Brookview

This questionnaire must be reviewed and approved by a member of the Waynesville Animal Shelter prior to any adoption from this shelter.

Authorization for release of information

I, _____ hereby give permission for the release of any information requested by the Waynesville Animal Shelter staff regarding the past care of my pets.

My Veterinarian is: _____

Signature: _____ Date: _____

Driver's License Number: _____ State: _____

Date of Birth: _____

References:

Business: _____ Phone: _____

Personal: _____ Phone: _____