Camano Animal Shelter Association
198 Can Ku Road Camano Island, WA 98282
camanoshelter@yahoo.com
360-387-1902

CRITTER ADOPTION APPLICATION

Date:_____

I am interested in a specific critter named: _____ *and/or*_____

APPLICANT CONTACT INFORMATION

► *Applicant*

First Name: _____ **Last Name:** _____ **Age:** _____

► *Co-Applicant*

First Name: _____ **Last Name:** _____ **Age:** _____

► *Residence*

Address: _____**where pet will live** *(NOT a P.O. Box)*

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ *(XXX-XXX-XXXX)*

Email address: _____

► Name of person(s) who the pet(s) will be living with: _____

♥ How did you hear about this pet? __Facebook __Craigslist __Newspaper __Our website __Other

1. **What qualities are you looking for in a new pet?**

_____

2. **Briefly Describe where/ how the pet will be housed**

_____

_____

3. **Do you have other animals currently?** *Please provide age, breed and if they are spayed/neutered*

_____

_____

4. **Have you owned pets in the past?**   Yes / No   **How many?**_____

What types and where are they now? _____

_____

_____

5. **Have you ever given up a pet to a rescue organization or animal shelter?**   Yes / No

If Yes describe the circumstances _____

_____

_____

6. **What provisions would be made for your pet if you had to move?**

_____

7. **Under what circumstances would you NOT keep your pet?**

_____

8. **Have you ever been arrested for cruelty to animals or had pets removed from your home?**

_____

I understand that cats placed by Camano Animal Shelter Association or *C.A.S.A.*, have been acquired, fed, and boarded. I understand that I will be asked to pay an adoption fee to C.A.S.A. as part of the adoption process.

I have answered all the above questions truthfully and to the best of my knowledge. I understand that if, for any reason, I can no longer care for or keep this pet.

I do understand that C.A.S.A. and its staff members reserve the right to deny my application for any reason whatsoever, including but not limited to, false or untrue adoption application information.

In checking this box I agree to all terms and conditions that apply to this application.   [ ] *I agree*

Applicant Signature: _____ **Date:** _____

Printed Name: _____

Co-applicant Signature: _____ **Date:** _____

Printed Name: _____