



Pell City Animal Control Center

1071 Airport Rd
 Pell City, AL 35128
 ph: (205)814-1567
 fax: (205)814-0038
 email: animalcenter@cltyofpellcity.net

Adoption Application

Date: _____

Animal ID# _____

Name (First, Middle, Last)		Date of Birth	Day Phone	
Spouse or Partner's name		Date of Birth	Evening Phone	
Street address	Own <input type="checkbox"/> Rent <input type="checkbox"/>	Landlord's name		
City, State, Zip		Landlord's phone		
How long at current address?		If less than one year, please give previous address		
Who is your veterinarian?		Veterinarian's phone		
Veterinarian's address				
What pets have you owned in the past five years?				
Pet's name	Breed/type of pet	Age and sex	Spayed /neutered?	Do you still have this pet?
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list two personal references (not related to you)				
Name	Address		Phone	
Name	Address		Phone	
I certify that the information I have given is true, and I authorize the Pell City Animal Control Center to contact veterinarians, landlords and references to verify all statements in this application for the purpose of adopting a pet from Pell City Animal Control Center.				
Signature: _____		Date: _____		
Signature: _____ (Spouse or partner, if applicable)		Date: _____		