



**WILSON COUNTY**  
**NO KILL**  
**ANIMAL SHELTER**

**Wilson County No Kill Animal Shelter**  
**ADOPTION APPLICATION**

Adopter's Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ DL#/State \_\_\_\_\_

Which dog are you interested in adopting? \_\_\_\_\_

Why this dog? \_\_\_\_\_

Are you adopting a dog for: YOUR SELF A CHILD OTHER PET WATCH DOG OTHER \_\_\_\_\_

Do you live in a house, apartment, duplex or other? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ If you rent, do you have permission from your landlord to have a dog? Y/N

Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

What type and how high is the fence around your yard? \_\_\_\_\_

Please list the name, age and relation of each person living in your home:

Have all members of your household agreed to this adoption? Y/N \_\_\_\_\_ Have you owned pets before? Y/N

Have you ever given away an animal or surrendered it to a shelter? Y/N \_\_\_\_\_

Please provide a list of the pets you currently have: Name/Type/Breed/Sex/Age

Who is your current veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_

Are your animal(s) sexually altered? Y/N \_\_\_\_\_ Are your animals current on rabies and yearly vaccinations? Y/N

Are your dogs on heartworm prevention (type)? Y/N \_\_\_\_\_ Flea/tick prevention? Y/N \_\_\_\_\_

How many hours each day will your dog be left alone? \_\_\_\_\_

Where will your dog be kept when you are not home? \_\_\_\_\_

Where will your dog stay during the day? \_\_\_\_\_ At night? \_\_\_\_\_

Will you purchase or do you have a crate for your dog? Y/N \_\_\_\_\_ Are you familiar with crate training? Y/N

Will you allow WCNKAS to make a home visit? Y/N \_\_\_\_\_ Are you aware some dogs can live more than 15 years? Y/N

Are you financially stable to provide long term medical care for your dog for its entire lifetime? Y/N

What kind of activities will you do with your dog? \_\_\_\_\_

Are you planning on taking your dog to obedience training? Y/N \_\_\_\_\_

What circumstances make it necessary to surrender a dog? NEW BABY MARRIAGE MOVING DIVORCE  
 WORK ILLNESS BEHAVIORAL PROBLEMS OTHER \_\_\_\_\_

What type of behavioral issues can you not tolerate? \_\_\_\_\_

What would you do to correct the issue? \_\_\_\_\_

Do you agree to return this dog to WCNKAS if the adoption did not work out? Y/N

Reference #1: Name \_\_\_\_\_ Phone \_\_\_\_\_

Reference #2: Name \_\_\_\_\_ Phone \_\_\_\_\_

By signing this form, you guarantee that the information provided is correct and true to the best of your knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_