



BUCKSPORT ANIMAL SHELTER ADOPTION/FOSTER APPLICATION

STAFF USE ONLY	
Counselor:	_____
App checked by:	_____
Approved:	_____
Notes:	_____

We request the following information so that we can assist you in the selection of your new pet. This form and a consultation with a Bucksport Animal Shelter representative are designed to help you find the animal most compatible with your lifestyle. Completion of this application does not guarantee adoption of a Bucksport Animal Shelter pet.

To be considered as an adopter, you must: be 21 years of age or older and be able and willing to spend the time and money necessary to provide medical treatment and proper care of the animal.

Application Date: _____

Applicant Name: _____ Co-Applicant: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email _____

If children live with you, please state their ages: _____

Interested in: Dog Cat Other _____

Name of animal: _____

Have you ever adopted or fostered an animal from the Bucksport Animal Shelter before?: Yes No

Animal's (Original/Shelter) Name + Approx. Yr. Adopted/Fostered: _____

Current pets

Please enter pet's name and type

1. Name _____, species _____
2. Name _____, species _____
3. Name _____, species _____

Name of current/ past veterinarian _____ phone #: _____

Have you ever turned an animal into a shelter? Yes No If yes, please explain:

IF APPLYING FOR A CAT: Will you be declawing this cat? Yes No Will you let the adopted cat outside? Yes No

By signing this Adoption/Foster Application, I represent that the information provided is true and release to the Bucksport Animal Shelter all veterinary history for any animals that I have owned, or currently own. I understand that the Bucksport Animal Shelter reserves the right to refuse an adoption they feel is inappropriate.

Applicant Signature: _____

Co-Applicant Signature: _____