Instructions for Adoption Application form / Licensed Rescue Group Transfer form

Unless surrendered by the owner, all animals impounded by the Athens-Clarke County Animal Control Division must be held for five (5) days, not including days the shelter is closed, while an attempt is made to contact the owner. During this period, if the animal is of good health and temperament, Animal Control will accept applications for adoption on a first-come, first serve basis if the application is approved. Applicants are given an appointment date and time to adopt the dog. If an applicant is not present during his or her adoption appointment time, Animal Control will offer the animal to the next applicant and so forth in the order that applications are received. An application is considered “received” only when the applicant has been given an adoption appointment date and time.

While we prefer that applicants come to the shelter in person to interact with the animal prior to submitting an application for adoption, we now offer this application as a PDF that applicants can print and fax or bring to the shelter. A faxed application is not placed in line for a particular animal until the applicant calls Animal Control and receives an adoption appointment date and time. If an applicant submits an application in person at the same time a faxed application arrives for the same animal, the application submitted in person is given priority.

In addition to the above, Licensed Rescue Groups may indicate that their application be placed behind all other applicants so that the group will accept the dog as a last resort when all other applications have expired. In this case, we ask that a representative of the group remain in touch with our staff regarding pending applications so that the dog can be transferred as soon as the last application expires.

Instructions for Barking Dog Complaint form

In order to issue a citation for a barking dog complaint, Animal Control must have issued a written warning to the owner within the past 90 days. All barking dog complaint citations require at least two (2) witnesses have signed a written statement stating the address of the dog owner, a description of the dog and of the offense and the date, time and location of the offense. It is important that both witnesses’ statement is about the same event (not two separate dates). If the owner of the dog contests the citation, all witnesses may be subpoenaed to testify in Municipal Court regarding the complaint. Once completed and signed, this barking complaint form may be submitted to Animal Control by mail, by fax or in person.
Pet Adoption Application

Ledger #________

Name (First and Last) ____________________________________________________________
Home Phone / Work Phone ______________________________________________________

Street Address (no P.O. Box) ___________________________ City, State, Zip ________________

Driver’s License Number or SSN ___________________________ Date of Birth _______________

Do you: □ Own □ Rent □ Other: ________________________________

Property owner’s name: ____________________________ Property owner’s Phone: ___________

Relative that resides nearest to you (but not residing with you):
Name: ____________________________ Relation: ____________________________ Phone: ___________
Address: _______________________________________________________________________

Street address, city, state, zip ______________________________________________________

List the animals currently in your household (even if owned by another in the residence) and your previously owned animals (please indicate “none” if you have not owned any animals and/or there are no animals currently owned by others in your household):

Breed: ________________ Name: ________________ Spayed/Neutered: □ yes □ no
Vaccinations (check all that apply): □ Distemper/Parvo □ Rabies □ Kennel Cough □ Other: ____________
Where is it?: □ still own □ gave away □ surrendered to a shelter □ stolen □ lost
□ hit by a car □ died of old age □ Other: ____________________________
How is the animal confined?: _______________________________________________________________________
Where does the animal sleep?: ___________________________________________________________________
Pet’s veterinarian: ________________ Who is listed as the owner?: ________________

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Breed: ________________ Name: ________________ Spayed/Neutered: □ yes □ no
Vaccinations (check all that apply): □ Distemper/Parvo □ Rabies □ Kennel Cough □ Other: ____________
Where is it?: □ still own □ gave away □ surrendered to a shelter □ stolen □ lost
□ hit by a car □ died of old age □ Other: ____________________________
How is the animal confined?: ______________________________________________________________________
Where does the animal sleep?: ___________________________________________________________________
Pet’s veterinarian: ________________ Who is listed as the owner?: ________________

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Breed: ________________ Name: ________________ Spayed/Neutered: □ yes □ no
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Where is it?: □ still own □ gave away □ surrendered to a shelter □ stolen □ lost
□ hit by a car □ died of old age □ Other: ____________________________
How is the animal confined?: ______________________________________________________________________
Where does the animal sleep?: ___________________________________________________________________
Pet’s veterinarian: ________________ Who is listed as the owner?: ________________

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May we contact the veterinarians listed to verify this information? □ yes □ no

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Have you adopted from us before?  ☐Yes  ☐No  If yes, when?______________________________

Have you ever applied for adoption here and been denied?  ☐Yes  ☐No  If yes, when?____________

Are you familiar with the animal control laws in your area?  ☐Yes  ☐No

Have you ever been warned or cited for a violation of animal control laws?  ☐Yes  ☐No

If yes, please indicate Date: ______________  County: ______________________________

Please answer the following questions concerning the pet you wish to adopt:

Do you wish to have this pet spayed/neutered when old enough?  ☐Yes  ☐No

Preferred Vet, if any: ______________________________

If not willing, would you do so if required by law?  ☐Yes  ☐No

Please tell us why you would like to adopt a pet (check all that apply):
☐Personal companion  ☐Companion for other pet  ☐Gift (for whom: ____________________________)
☐To breed  ☐Personal protection  ☐To guard property

How will you confine this pet? (indoors, chain, runner, fence, etc.) ________________________________

Where will the pet sleep? (inside, outside, crate, doghouse, etc)_______________________________

Where will the pet be kept while you are away for an extended period of time? ____________________

May a representative of the Athens-Clarke County Animal Control Division come to your home to check on the animal’s well being?  ☐Yes  ☐No

Is there a time that would be more convenient for a representative to visit your home? ______________

All tenants are required to show proper authorization from property owners stating that tenants may have pets. A deadline will be given for providing authorization to ACCAC or this application will be dismissed. If there are any extenuating circumstances in obtaining an authorization from property owner, please discuss it with us and an agreeable deadline can be decided upon.

By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in the denial of this application for adoption.

_________________________________  ________________________________
Signature      Today’s Date

FOR OFFICE USE ONLY
☐ App. Reviewed by: ________   ☐ ST8, ST7, 1095 checked by: ____________

☐ Approved  ☐ Not Approved  Date: __________ By:____________________

Application expires: _____________________________________

Notes: