



Office of the Sheriff • Bibb County, Georgia

Sheriff David J. Davis

**Bibb County Animal Services
4214 Fulton Mill Rd., Macon, Ga. 31216
(478) 621-6774**

ADOPTION APPLICATION

I, _____ agree that all statements in this application are made based on personal knowledge and are made for purposes of my application to adopt one or more animals through Bibb County Animal Services (BCAS).

- Animal I am interested in adopting: _____ (Name)
: _____ (ID number)

I understand that BCAS is very concerned about the security and safety of the animal I would like to adopt, as well as its ability to keep track of all animals adopted. I understand BCAS will not share this information for any reasons not connected to applicable lawsuits or legal reasons.

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
EMAIL* _____

*Please tell us how to best get in touch with you (check one). Phone Email

Date of Birth: _____
Driver's License/ID Number: _____ State: _____
Expiration date: _____

- I **own** my home and am permitted to bring an animal or animals into my dwelling.
- I **rent** my home and am permitted to bring an animal or animals into my dwelling.

 Landlord's Name Telephone

 Address

 City, State, Zip

Length of time at this residence: _____

Your Dwelling Type: House Condo Apartment Townhouse

Do you plan to move within the next 6-12 months? _____

If you rent, are pets allowed? Yes No

Why do you want to adopt? Companion for you/family/another pet Guard Dog Gift (for whom):

Other (Explain):

Do you have a fenced yard? Yes No Height: _____

Type: Wood Chain Link Split Rail

- Where my adopted animal will sleep at night: _____
- Where my adopted animal will stay during the day when I **am** home:

- Where my adopted animal will stay during the day when I am **not** home:

Name, address, and telephone number of my employer (or business, if self-employed):

 Business Name Telephone

 Address Position

 City, State, Zip Length of time with this employer

Details for Companion Animal

- I Currently have _____ animals (cats/dogs) residing on my property
 - Inside my home _____
 - Tethered outside _____ length of tether, _____ doghouse, or _____ free standing kennel (describe) _____
 - Roaming free on property _____
 - Fenced Yard, Height of fence _____
- Spayed/Neutered
- I have bred this animal in the past.
- I am currently breeding this animal.

Do your current pets get along with other animals? Yes No Not Applicable

Farm Animals: _____

I had elective surgery performed on this animal: cat declaw, ears clipped, tail docked, etc. please describe:

Where I got this animal: _____

Percentage of time he/she spends outside: _____

Where he/she sleeps at night: _____

Where he/she stays during the day when I **am** home: _____

Where he/she stays during the day when I am **not** home: _____

If no longer with you, what happened to him/her?

_____.

Vaccinations administered and when:

- The name of the veterinarian(s) I use for my companion animals is (if more than one, please list all veterinarians consulted in the last 5 years; provide additional sheets for additional veterinarians):

Name of specific vet I use

Name of specific vet I will use for ADOPTED ANIMAL

Clinic Name

Clinic Name

Address

Address

City, State, Zip

City, State, Zip

Phone number

Phone number

I have been a client of this vet for _____

Records are under the name of _____

May we contact this vet as a reference? Yes No

• I have _____ children in the house. Ages: _____

List of all people living in the house and/or who have regular contact with my animal(s) and their relationship to me (include family, friends, domestic employees, etc.):

Name: _____ is my: _____

Name: _____ is my: _____

Name: _____ is my: _____

Name: _____ is my: _____

Name: _____ is my: _____

Name: _____ is my: _____

Name: _____ is my: _____

Does anyone living in your home have any known allergies? Yes No

Have your children ever been around dogs and/or cats? Yes No Not Applicable

Has your child ever been bitten by a dog? Yes No Not Applicable

- List of two references – people who know me (but are NOT RELATED to me) and my companion animal(s) and have been to my home recently:

_____ is my: _____, _____
 Name Relation Phone number

_____ is my: _____, _____
 Name Relation Phone number

Which of the following situations would lead you to give away your pet?

- Moving to another state
- Fleas sheds too much
- Having a baby
- Finished school/ moving back home
- Ruins the furniture
- Children will no longer care for dog
- Too expensive
- Allergies
- Getting a divorce or married
- Found a new “no pet” rental
- Grew too big
- Digging/ Chewing
- Would not give up for any reason
- Other

What would you do with your pet if you could not keep it for the reasons stated above?

Have you ever surrendered a pet to a shelter / pound? Yes No If yes, why?

Do You have a relative who would adopt the pet if you, for any reason, become incapable of caring for him/her? Yes No If yes, please provide their name, address phone number and relation:

Would you allow an inspection of your home and / or yard? Yes

- I understand an Animal Enforcement Officer may visit my home for a home inspection before my adoption application is approved.

- I understand that if I am approved for adoption, I will also need to carefully read the Adoption Agreement. The Adoption Agreement represents the legal contract between the adopter and BCAS. I understand that if I am approved to adopt an animal, I must comply with all stipulations listed on the Adoption Agreement. This Agreement must be signed before the animal can be taken home.
- I have read this Application in its entirety, and I agree that all statements contained in this document are made by me and are truthful. I make this statement under penalty of perjury under the laws of the state of Georgia.

Signature _____ Date

Print Name

Staff Only:

- Approved by: _____, R _____
- Homeowner verified through Tax Assessors site by: _____
- Landlord contacted and pet deposit paid (if applicable) by: _____
- Denied by: _____

Reason for denial

Notes (Office Staff Only):

