

Adoption Pre - Screening, Anne Arundel County Animal Care & Control

We will need a current, valid Photo ID. If your current address is not on that ID, we will need proof of your current address.
(I.e. Utility Bill, Lease, Property Records or Verification from Landlord).

We will also need up-to-date rabies vaccination information for any dogs, cats or ferrets living at your property.

PLEASE PRINT NEATLY

Name: _____
(First) (Middle) (Last)

Current Address: _____
(Street) (Apartment)

City: _____ County: _____ State: _____ Zip _____

Type of Home: Apartment/Condo Duplex Townhouse Single Family Boat

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Current Living Situation (circle one): Own Rent Live with Family

Property Owner's Name, if not person listed above: _____ Phone Number: _____

How many people live in the household? _____ Ages? _____

Please list all cats and dogs **currently living on the property** (even if you are not the owner, excluding apartment complexes):

Name of Animal	Breed	Color	Sex	Altered ?	Age	Rabies Vaccination Administered By Facility Name

Please read and initial next to each statement to acknowledge you understand and agree:

_____ I understand that by completing the pre-screening process ***I am not guaranteed the adoption of an animal*** from Anne Arundel County Animal & Control.

_____ I understand that any dog introduction that is either requested by myself or required by Animal Care & Control **MUST BE** scheduled in advance prior to adoption.

_____ I understand that if the animal I wish to adopt is not currently available for adoption and I am the first approved potential adopter to show interest in an animal, I will be notified if the animal I wish to adopt has become available, ***I will have 24 hours from the time of notification to return to the facility to complete the adoption process. Failure to return within 24 hours will forfeit my interest in the animal and the animal will be made available on a first come, first serve basis to the next qualified potential adopter.***

I affirm the above information is true and correct and understand that ***false or incomplete information may result in the denying of any adoptions*** from this facility:

Signature: _____ Date: _____

++++CLERICAL ONLY++++

STAFF INITIALS: _____ Date: _____

Maryland Property Check: Yes No **Leasing Office/Property Owner:** Approved Not Approved N/A

All Animals Rabies Vaccinated: Yes No N/A **All Animals Currently Licensed:** Yes No N/A

Proof of Current Address: Gov't ID Current Utility Bill Tax Records Lease Deed

OK to Adopt: YES NO **OK to Visit:** YES NO

Comments: _____