

Office Use Only	
Date & Time	
Person Processing	
Name of Dog	

Fairfield County Dog
Adoption Center & Shelter
1715 Granville Pike
Lancaster, Ohio 43130
740•652•7180 Fax: 740•681•7457
dogadoption@fairfieldcountyohio.gov



Fairfield County Dog Adoption Center & Shelter

Dog Adoption Form

Full Name:	Age:	Phone:
Address:		
City:	State:	Zip:
Email Address:		
Are you a Renter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your landlord allow pets? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Landlord's name:	Landlord's phone number:	
Does your homeowner's insurance allow this breed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNKNOWN		

Household Profile:

Names and ages of all others living in the household:

Do you have other animals in the household? If so, please list their type, breed(s) and age(s):

If you have other animals in your household, are they up to date on medical care, such as vaccinations/testings, according to your veterinarian's standards?

Yes No Not Sure Not Applicable

Ownership Questions:

Veterinarian Name:		Phone #:
Address:		
City:	State:	Zip:

The dog you want to adopt will need established care with a veterinarian. If you do not already have a veterinarian that you use, what veterinarian do you plan on using?

Under what circumstances would you not keep the pet?

- Allergies Divorce Move New Baby New Job Behavioral
 Other _____

Have you done any research on this breed of dog and understand the responsibilities of ownership?

- Yes No

Are **you** an active duty military member or veteran? Yes No

Have you ever been convicted of a felony? Yes No

If yes then, when was it, what was the charge, and in what county?

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I certify that all information provided above is complete and accurate to the best of my knowledge. I understand that any falsified information or omissions will disqualify me from further consideration for adoption of a FCDACS dog. I also understand that a home-visit may be required as a condition of adopting this animal.

Is there a specific animal you are interested in adopting? If so, what is its name?:

Customer Signature: _____

Date: _____