

Fairfield County Dog Adoption Center & Shelter

1715 Granville Pike Lancaster, Ohio 43130

Phone: 740•652•7180 | Fax: 740•681•7457

dshelter@fairfieldcountyohio.gov



Office Use Only

Date	
Clerical Initials	
Dog Choices	

Full Legal Name:		
Date of Birth:		Driver's License #:
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number:
Do you rent your home or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own		
If you own, does your homeowner's insurance allow the breed you're interested in? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
If you rent, does your landlord allow pets? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Landlord's Name:		Landlord's Phone Number:

Household Profile:

Please list the name(s) (first and last), and age(s) of all people living in the household:

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Do you currently own or have any other animals in the household? ☐ Yes ☐ No

Please list the type of pet, name, and age of the current resident pets:

Ownership Questions:

Please provide us with your veterinarian's name, address, and phone number. If you do not have a current veterinarian, the dog you want to adopt will need established care with a veterinarian. Please list one that you would potentially use after adoption:

Under what circumstances would you not keep the pet?

☐ Allergies ☐ Divorce ☐ Moving ☐ New Baby or foster child ☐ New Job

☐ Behavioral ☐ Other (please specify): _____

If something should happen to you or if you are no longer able to care for the dog, who would be the new caretaker of the dog? Please list the name, phone number, and/or email for this individual:

Have you done any research on adopting a shelter dog? ☐ Yes ☐ No

Do you understand the responsibilities of pet ownership? ☐ Yes ☐ No

Are you, the applicant, an active-duty military member or veteran? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please list the county where the conviction was, what the charge was, and what year:

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Is there a specific animal that you are interested in adopting? ☐ Yes ☐ Not currently

If yes, what is the animal's name, animal ID #, or kennel #?

By signing below, I certify that all the information provided above is complete and accurate to the best of my knowledge. I understand that any false information or omissions will result in my disqualification from further consideration for the adoption of an FCDACS dog.

Customer Signature: _____ Date: _____

For office use only:	
Was home ownership verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified by (initial):
Was contact made with the landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date and time we spoke with LL or a VM was left: 1 st attempt: 2 nd attempt: 3 rd attempt:	
LL breed restrictions:	
LL weight limit:	