



Adoption Application

Adopter: _____
Last First Middle

Co-adopter: _____
Last First Middle

Address: _____ City: _____

Phone: () _____ -- _____ Email: _____

Do you: Own Rent Landlord: _____ Phone: () _____ -- _____

In my household there are: Other Animals Children Other Adults

Other animal Type (cat, dog, etc) Age Sex Fixed? Still have? Adopted from ACAS?

My Veterinarian: _____ Phone: () _____ -- _____

Please Read the Following Carefully

ACAS reserves the right to contact landlords, veterinarians, or any other parties included or referenced in this application for verification purposes. This document serves as an application for adoption and in no way guarantees applicant(s) an animal. ACAS reserves the right to decline any adoption at any time. Any fraudulent information provided could result in an adoption rescinded and animal removed from applicant's home along with any related citations or fees.

By signing this document, you affirm you are of legal age to enter into legal contract in the State of Maryland and that neither you nor anyone in your household has been convicted of animal cruelty or neglect.

Adopter: _____

Date: ___/___/___

Co-Adopter: _____

Date: ___/___/___