

**CITY OF SAMSON**  
**DOG ADOPTION APPLICATION**

**PERSON ADOPTING DOG INFORMATION - (Must be completed by the person wanting to adopt dog.)**

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ **\*NOTE: Must be 18 years of age or older to adopt dog.**

Are you currently employed? \_\_\_\_\_ If yes, Name of Employer: \_\_\_\_\_

How long have you lived at current residence? \_\_\_\_\_ How many people live with you? \_\_\_\_\_

How many children live with you? \_\_\_\_\_ Is anyone living with you allergic to dogs? \_\_\_\_\_

Do you own or rent your residence? \_\_\_\_\_ If you rent, please provide the following:

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is your residence inside the City Limits of Samson, Alabama? \_\_\_\_\_ **If yes, you must comply with the current City of Samson Dog Control Ordinance. A copy of the current Dog Control Ordinance is available upon request.**

Will the dog be living at current residence listed? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Will the dog be kept primarily indoors or outdoors? \_\_\_\_\_ If outdoors, please provide the following:

Will the dog be kept outdoors with other dogs? \_\_\_\_\_ If yes, how many: \_\_\_\_\_ Sizes: \_\_\_\_\_

\*Will the dog be kept in a penned or fenced area? \_\_\_\_\_ Penned or Fenced Area Size: \_\_\_\_\_ ft. X \_\_\_\_\_ ft.

**\*NOTE: Inside City Limits, all outside dogs must be kept in a suitable penned or fenced area. Before a dog can be released for adoption, an inspection of the penned or fenced area by City Personnel will be required. Inhumane restraint of dog will not be allowed.**

How many dogs have you owned? \_\_\_\_\_ How many do you currently own? \_\_\_\_\_

Have you ever adopted an animal from a shelter? \_\_\_\_\_ If yes, what kind of animal: \_\_\_\_\_

Have you ever taken an animal to a shelter? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\*Veterinarian that you use or will be using: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**\*NOTE: Proof of rabies vaccination must be presented to the City of Samson, within five days of adopting dog.**

**ATTENTION: The City of Samson reserves the right to refuse any adoption. The City of Samson may limit the number of dogs that can be adopted at any one time, or enforce other restrictions regarding other pets or young children. Proper identification and proof of current address is required, which may include one of the following: driver's license, ID card, car insurance policy, utility bill, or other personal mail.**

**I have read, understand and agree with the terms and conditions of the City of Samson Dog Adoption Application. Also, I have answered all questions to the best of my ability with truth and honesty.**

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**FOR CITY PERSONNEL USE ONLY BELOW**

**DOG FOR ADOPTION – INFORMATION**

Impounded Date: \_\_\_\_\_ 14-Day Housing Expiration Date: \_\_\_\_\_

Pen Number: \_\_\_\_\_ Breed (if known): \_\_\_\_\_ Gender: \_\_\_\_\_ Size: \_\_\_\_\_

Color: \_\_\_\_\_ Coat: \_\_\_\_\_ Tail: \_\_\_\_\_ Ears: \_\_\_\_\_

Estimated Age: \_\_\_\_\_ General Health of Dog \_\_\_\_\_

Distinct Markings: \_\_\_\_\_

Visible Defects: \_\_\_\_\_

Behavioral Characteristics: \_\_\_\_\_

**Adoption Application:    Approved or Denied    If application is denied, reason for denial: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

