

DESOTO PARISH ANIMAL SERVICES
ADOPTION APPLICATION
404 Liberty Lane, Grand Cane, LA 71032
O: (318)871-2900 – www.desotopac.com, FAX: (318)270-2907

(Please print)

NAME: _____ DL# _____ STATE _____

PHYSICAL ADDRESS: _____

PO BOX _____ CITY: _____ ZIP _____

HOME PHONE: _____ WORK PHONE: _____

E MAIL: _____

All persons interested in adopting a pet from our animal facility must complete this questionnaire. This information will help us place our animals in the best possible home, and at the same time find the best possible pet for you.

1. Do you own or rent the property? Are you allowed pets? Yes No

2. If you rent please provide the owner information:

Owner/Manager Name: _____ Phone: _____

We must verify that the property owner agrees to the adoption of this pet. If you are unable to verify this while you are here, we will hold the animal for 24 hours only, so you can obtain that verification.

3. Do you have a fenced yard or kennel? Yes No

4. How will the pet be cared for if you have to be away or out of town? _____

5. Do you have other animals? Yes No What kind? _____

6. Do you have a regular veterinarian? Yes No

If yes, to which clinic do you take your pets? _____

7. Do your other animals have up-to-date vaccinations? Yes No

8. If you move, will you take the pet with you? Yes No

The animal you are adopting must be returned to the T.B. Yopp, Jr. Animal Facility if you can no longer care for it or cannot find it another home.

I certify that the above information is true and accurate to the best of my knowledge and that falsification of this information can be cause for denial of my application.

Signature _____ Date _____

Emergency Contact for Micro-chip: _____

Phone No.: _____

OFFICE USE ONLY

Information checked by: _____ Approved: _____ Refused: _____

Director's Signature _____ Date _____