



2650 Lafranier Rd. Traverse City, MI 49686  
Phone (231) 995-6080 Fax (231) 995-6033

**\*\*Driver's License or equivalent photo I.D. is required for this application\*\***

Name of animal: \_\_\_\_\_ Dog [ ] Cat [ ]

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you currently employed? Yes [ ] No [ ] Where? \_\_\_\_\_

Does anyone in the house have allergies to animals? Yes [ ] No [ ] Who? \_\_\_\_\_ What? \_\_\_\_\_

How many people live in the household? \_\_\_\_\_ List ages of Children: \_\_\_\_\_

Why do you want to adopt an animal? Family pet / Child pet / Guard dog / Companion animal service animal

Whom are you adopting this pet for? Friend / Grandchild / Grandparent / Parent / Child / Spouse / Myself

**Where do you live:**

Own Home / Own Condo or townhouse / Own Mobile home / Recreational Vehicle / Traveling Truck & Trailer / Live with parents / Rent house-Condo-mobile home / Rent Apartment

**Please Note: If you rent, GTAC is required to contact your landlord before any adoption can be made.**

What is your landlord's name and phone number: \_\_\_\_\_

Are there any restrictions about pets where you live? \_\_\_\_\_

Who will care for your animals when/if you are gone for an extended period? \_\_\_\_\_

What would you do with your animal if you had to move? \_\_\_\_\_

Within the last 5 years, how many times have you relocated to a different residence? \_\_\_\_\_

Will the animal primarily reside with you? Yes [ ] No [ ]

If not, who will it reside with and why? \_\_\_\_\_

What type of household do you live in? Active / Quiet / Noisy / Cluttered / Empty

Where will your animal stay when you are not home? Inside / Outside / Pet Sitter / Travel with me

How many hours each day will your animal spend alone? Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_

Will the animal be primarily indoors, outdoors, or both? \_\_\_\_\_

If the animal is to be outside. Will it have shelter to be out of the weather? Yes [ ] No [ ]

What type of shelter is already constructed? \_\_\_\_\_

If the animal is to be outside, will it be on a chain, fenced yard, cable, or running free? \_\_\_\_\_

What is your preferred type of Collar? Adjustable / Leather / Trainer / Choker / Harness

What will you do with your animal during extreme weather conditions? \_\_\_\_\_

Are you familiar with any type of animal training? Yes [ ] No [ ]

What type of training and what animal? \_\_\_\_\_

Under what circumstances would you give up your animal? \_\_\_\_\_

What type of personality are you looking for in an adoptable animal?

Energetic / Active / Playful / Relaxed / Snuggler / Home Body / Loaner

How many pets do you currently own? Please list type, breed, age, name, sex, and if they are spayed or neutered.

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

Are all your pets currently up to date on vaccines? Yes [ ] No [ ] Do they Have a current County License? Yes [ ] No [ ]

Have you had pets in the past? Please list all pets you have owned in the past 10 years (not listed above) and what happened to them.

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

Do you currently have a veterinarian's office you visit? Yes [ ] No [ ]

If yes, what vet office? \_\_\_\_\_

May we contact them to verify you are a client of theirs? Yes [ ] No [ ]

Have you adopted a pet before? Yes [ ] No [ ] When? \_\_\_\_\_

If yes, please provide the name of the shelter. \_\_\_\_\_

Have you ever been denied an adoption from this shelter or any other? Yes [ ] No [ ]

Why? \_\_\_\_\_

Will you need assistance providing care for your animal(s) such as food, shelter, vet appointments, etc.? Yes [ ] No [ ]

If yes, please explain. \_\_\_\_\_

Would you allow an authorized representative of Grand Traverse County Animal Control to visit your home before or after adoption? Yes [ ] No [ ]

**GTAC reserves the right to deny any application.**

*\*\* By submitting this application, I certify that the information I have given is true and accurate. I recognize that misrepresentation of the facts may result in my losing the privilege of adopting a pet. I understand that Grand Traverse County Animal Control has the right to check my background and deny my request to adopt an animal. I authorize the investigation of all statements made in this application. \*\**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please email the completed application to [jbemiss@gtcountymi.gov](mailto:jbemiss@gtcountymi.gov) or by mail to the address listed.**