

Instructions for Adoption Application form / Licensed Rescue Group Transfer form

Unless surrendered by the owner, all animals impounded by the Athens-Clarke County Animal Control Division must be held for five (5) days, not including days the shelter is closed, while an attempt is made to contact the owner. During this period, if the animal is of good health and temperament, Animal Control will accept applications for adoption on a first-come, first serve basis if the application is approved. Applicants are given an appointment date and time to adopt the dog. If an applicant is not present during his or her adoption appointment time, Animal Control will offer the animal to the next applicant and so forth in the order that applications are received. An application is considered "received" only when the applicant has been given an adoption appointment date and time.

While we prefer that applicants come to the shelter in person to interact with the animal prior to submitting an application for adoption, we now offer this application as a PDF that applicants can print and fax or bring to the shelter. A faxed application is not placed in line for a particular animal until the applicant calls Animal Control and receives an adoption appointment date and time. If an applicant submits an application in person at the same time a faxed application arrives for the same animal, the application submitted in person is given priority.

In addition to the above, Licensed Rescue Groups may indicate that their application be placed behind all other applicants so that the group will accept the dog as a last resort when all other applications have expired. In this case, we ask that a representative of the group remain in touch with our staff regarding pending applications so that the dog can be transferred as soon as the last application expires.

Instructions for Barking Dog Complaint form

In order to issue a citation for a barking dog complaint, Animal Control must have issued a written warning to the owner within the past 90 days. All barking dog complaint citations require at least two (2) witnesses have signed a written statement stating the address of the dog owner, a description of the dog and of the offense and the date, time and location of the offense. It is important that both witnesses' statement is about the same event (not two separate dates). If the owner of the dog contests the citation, all witnesses may be subpoenaed to testify in Municipal Court regarding the complaint. Once completed and signed, this barking complaint form may be submitted to Animal Control by mail, by fax or in person.

Athens-Clarke County
Animal Control Division 706-613-3540 / 706-613-3545 (FAX)
Pet Adoption Application

Ledger # _____

Name (First and Last) Home Phone / Work Phone

Street Address (no P.O. Box) City, State, Zip

Driver's License Number or SSN Date of Birth

Do you: Own Rent Other: _____

Property owner's name: _____ Property owner's Phone: _____

Relative that resides nearest to you (but not residing with you):

Name: _____ Relation: _____ Phone: _____

Address: _____
Street address, city, state, zip

List the animals currently in your household (even if owned by another in the residence) and your previously owned animals (please indicate "none" if you have not owned any animals and/or there are no animals currently owned by others in your household):

Breed: _____ Name: _____ Spayed/Neutered: yes no
Vaccinations (check all that apply): Distemper/Parvo Rabies Kennel Cough Other: _____
Where is it?: still own gave away surrendered to a shelter stolen lost
 hit by a car died of old age Other: _____
How is the animal confined?: _____ Where does the animal sleep?: _____
Pet's veterinarian: _____ Who is listed as the owner?: _____

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Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Spayed/Neutered:  yes  no  
Vaccinations (check all that apply):  Distemper/Parvo  Rabies  Kennel Cough  Other: \_\_\_\_\_  
Where is it?:  still own  gave away  surrendered to a shelter  stolen  lost  
 hit by a car  died of old age  Other: \_\_\_\_\_  
How is the animal confined?: \_\_\_\_\_ Where does the animal sleep?: \_\_\_\_\_  
Pet's veterinarian: \_\_\_\_\_ Who is listed as the owner?: \_\_\_\_\_

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Breed: _____ Name: _____ Spayed/Neutered: yes no
Vaccinations (check all that apply): Distemper/Parvo Rabies Kennel Cough Other: _____
Where is it?: still own gave away surrendered to a shelter stolen lost
 hit by a car died of old age Other: _____
How is the animal confined?: _____ Where does the animal sleep?: _____
Pet's veterinarian: _____ Who is listed as the owner?: _____

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May we contact the veterinarians listed to verify this information?  yes  no

**CONTINUED ON BACK**

Have you adopted from us before? Yes No If yes, when? \_\_\_\_\_

Have you ever applied for adoption here and been denied? Yes No If yes, when? \_\_\_\_\_

Are you familiar with the animal control laws in your area? Yes No

Have you ever been warned or cited for a violation of animal control laws? Yes No

If yes, please indicate Date: \_\_\_\_\_ County: \_\_\_\_\_

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**Please answer the following questions concerning the pet you wish to adopt:**

Do you wish to have this pet spayed/neutered when old enough? Yes No

Preferred Vet, if any: \_\_\_\_\_

If not willing, would you do so if required by law? Yes No

Please tell us why you would like to adopt a pet (check all that apply):

Personal companion Companion for other pet Gift (for whom: \_\_\_\_\_)  
To breed Personal protection To guard property

How will you confine this pet? (indoors, chain, runner, fence, etc.) \_\_\_\_\_

Where will the pet sleep? (inside, outside, crate, doghouse, etc) \_\_\_\_\_

Where will the pet be kept while you are away for an extended period of time? \_\_\_\_\_

May a representative of the Athens-Clarke County Animal Control Division come to your home to check on the animal's well being? Yes No

Is there a time that would be more convenient for a representative to visit your home? \_\_\_\_\_

***All tenants are required to show proper authorization from property owners stating that tenants may have pets. A deadline will be given for providing authorization to ACCAC or this application will be dismissed. If there are any extenuating circumstances in obtaining an authorization from property owner, please discuss it with us and an agreeable deadline can be decided upon.***

**By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in the denial of this application for adoption.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Today's Date**

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**FOR OFFICE USE ONLY**

App. Reviewed by: \_\_\_\_\_  ST8, ST7, 1095 checked by: \_\_\_\_\_

Approved Not Approved Date: \_\_\_\_\_ By: \_\_\_\_\_

Application expires: \_\_\_\_\_

Notes: