



Adoption Application

PO Box 1834 Gunnison CO 81230
970.641.1173 www.gvawl.org

Please print:

Last Name: First Name:

Spouse / Partner Last Name First Name

Address: City: State: Zip:

Home Phone: Cell or Other Phone:

Driver's License #: State:

Do you: Own Rent Live in dorm

If Rent: Landlord name and phone:

How long have you lived at this address? How many adults live there? (18 years and older)

How many children live there full time? Part time? Ages:

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Does anybody in your home have allergies to animals? Yes No If so, to what?

Do you: Work full time Work part time Attend school Retired Other:

Does your spouse/partner: Work full time Work part time Attend school Retired Other:

Do you have any companion animals in your home now? Yes No

Table with 4 columns: Cat/Dog/Other, Age, Sex, Spayed/ Neutered? and 4 rows.

Who is your veterinarian?

If you don't have animals now, have you in the past? No Dog Cat Other _____

(For Dog) Do you have a fenced-in yard? Yes No If so, what height and type of fence? _____

(For Cat) GVAWL has a policy discouraging declawing, which you will be asked to read if you adopt a cat.

Would you like information about introducing a new companion to your current companion animal(s)? Yes No

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Please give careful consideration to adopting a companion animal. Companion animals are not toys or short-term commitments. Please make sure your lifestyle allows the time, patience, and expense this animal will need over the years.

Signature: _____ Date: _____

GVAWL USE ONLY

Interview by: _____ Approved Denied

Restrictions: _____

Landlord name & phone: _____

Comments: _____