



	C	ity c	of Nome – Pet A	Ado	option A	App	licatio	n		
To be considered as					•					
☐ Be at least 18	8 years	old								
Have a valid driver's license or Identification Card Have the acknowledgement and consent of a landlord, if relevant										
☐ If a renter are you familiar with your landlord pet policy?										
Be able and willing to spend the time and money necessary to provide medical treatment, proper nourishment, care and training for a pet I Am Interested In:										
Personal Information										
Name				_	Address					
Cell Phone					Other Phon	ne				
Email					Age					
Spouse/Roommate					ID or DL#	ŧ				
List Names and ages of all persons living in household							Age	Pet Care	Any to Pound?	
	•								•	
Employment Information										
Are you employed?		Yes	1 7		No					
Name of Employer					<u>'</u>					
Job Title/ Line of wo	ork									
Are you a Student		Yes			No					
Current Pets Names, list all pets by Name					Spayed or neutered Vaccinated City License					
			•							
Applicant 1 Signature					Applicant 2 Signature					
11 6				D	Date:					





Adoption Agreement

If the animal is not spayed/neutered at the time of adoption, I agree that I will have the animal spayed/neutered through a qualified veterinarian at the approximate age of eight to twelve months.

I agree to have all necessary shots (parvo, rabies, distemper, ect) given to the adopted animal.

I agree that the adopted animal will NOT be allowed to run loose out doors and if tied outside, it will be provided with housing to protect it from the elements and will be given at least a six-foot chain/cable.

I agree to care for the animal(s) in a humane manner and be a responsible animal owner. This includes supplying adequate food, water, shelter, and attention.

I agree that if at *any* point I come to not being able to keep the animal, I will find it a good and responsible home.

I understand and agree that the Nome Animal Shelter makes no guarantees about the animal's temperament and is NOT responsible for future damages or injuries caused by the adopted animal.

Applicant 1 Signature	Applicant 2 Signature					
Print Name	Print Name					
Date	Date:					