

DL Number: \_\_\_\_\_

Animal Name/ID: \_\_\_\_\_

**\*\*Incomplete applications will not be processed\*\***

**Ware County Animal Services Adoption Application**

118 Albany Ave Waycross, GA 31501  
912-287-4379

**Please complete the following:**

Name \_\_\_\_\_ Other Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Street address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Others in household (include ages of children) \_\_\_\_\_

Length of time at address \_\_\_\_\_  Own  Rent  Live with parents  Military Housing type:  House  Condo  Apartment  Mobile home

Landlord name \_\_\_\_\_ Landlord phone \_\_\_\_\_ How did you hear about our adoption program? \_\_\_\_\_

Please list your current veterinarian \_\_\_\_\_ City \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever adopted an animal before? Yes No When? \_\_\_\_\_

Where from? \_\_\_\_\_ Do you have a fenced yard? \_\_\_\_\_

**Please list any other pets you have:**

**PET EXPERIENCE:**

\_\_\_ First Time Owner \_\_\_ Have had one or two \_\_\_ Knowledgeable & Experienced.

Will your pet have flea control? Yes No Collar, Oral medications, Sprays, Topical, Others

Will your pet get bathed regularly? Yes No Groomer, Self, Both,

Weekly, Monthly, biannually, Only when needed, Never

Will you take pet to the vet when needed? Yes No

Where will your pet sleep? Inside, Outside, Crate, its own bed, Owners bed, floor, porch, dog house, or other \_\_\_\_\_

**Please initial each blank:**

\_\_\_ I certify that the information provided on this form is true and correct. I am also financially able to care for this animal.

\_\_\_ I understand that proper food and veterinary care will be costly, and I am able to meet these requirements.

\_\_\_ I hereby agree to care for the pet in a humane and responsible manner and to provide it with clean and adequate shelter, food, water and veterinary care.

\_\_\_ I agree that said pet shall not be allowed to roam freely, and I will abide by city/county laws where applicable.

\_\_\_ **I understand that Veterinary Clinics may offer additional services that are not included in the adoption price. These are optional that can include pain injections (\$21-\$45), pain medicine to go home (\$20-\$40) and additional testing.**

\_\_\_ I agree that animal will be kept up to date on its vaccinations yearly including rabies.

\_\_\_ I understand that in some cases, a home check may be mandatory prior to your adoption.

\_\_\_ I further agree that if the pet is not maintained to the standards set forth, then I agree to return the pet back over to Ware County Animal Services or its agents immediately.

\_\_\_ I further agree the animal will not be used as a chained guard dog or put on a tether at any time.

\_\_\_ I further agree the animal will not be used for research.

\_\_\_ **I further agree that the pet must be spayed or neutered prior to leaving the facility and that adoption fees are paid prior to the procedure.**

\_\_\_ **I understand that adoption fees are non-refundable.**

\_\_\_ I understand and agree that Ware County Animal Services makes no representations or warranties, expressed or implied, about the animal's temperament and is absolved from any liability for future damages or injuries caused by said animal.

\_\_\_ I also understand and agree that Ware County Animal Services gives no guarantees, expressed or implied, of the suitability of the animal to the adopter and/or his family.

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

**Ware County Animal Services Reserves the Right to Refuse ANY Adoption.**

Date \_\_\_\_\_ Counselor Initials \_\_\_\_\_ Approved \_\_\_\_\_ Denied/Priors Made \_\_\_\_\_ Pending Landlord Approval (date) \_\_\_\_\_ Received (date) \_\_\_\_\_  
Applicant Informed \_\_\_\_\_ Pending Parent Approval (date) \_\_\_\_\_ Received (date) \_\_\_\_\_ Check Impound File \_\_\_\_\_

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**ATTENTION - ATTENTION - ATTENTION**  
**PLEASE READ THIS WAVIER THOROUGHLY AND SIGN BEFORE ADOPTING A PET**

Anyone adopting a DOG or CAT from Ware County Animal Services needs to understand that, ANY DOG OR CAT CAN HAVE HEARTWORMS.

Ware County Animal Services makes sure that every adult Dog receives a 7/8-way vaccination and that every Puppy receives their first puppy vaccination before leaving the facility.

Ware County Animal Services DOES NOT have the money or equipment to have the animals examined by a veterinarian or tested for every illness before they are adopted. We are not Veterinarians and want you to understand this. We try to the best of our knowledge to only adopt out animals that are in good health.

It is the new Adopters responsibility and at the Expense of the new Adopter to pay for any Medical Treatment or Surgery incurred after the Adoption Date.

I have read and understood the above and agree NOT TO HOLD Ware County Animal Services responsible or liable for any Medical Treatment, Medical Supplies or Surgeries incurred after the ADOPTION CONTRACT IS SIGNED.

ADOPTER: \_\_\_\_\_

DATE: \_\_\_\_\_

Species: \_\_\_\_\_ Shelter ID#: \_\_\_\_\_  
Age: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Adoption Date: \_\_\_\_\_ Further Description: \_\_\_\_\_  
Name of Adopter: \_\_\_\_\_ Address: \_\_\_\_\_  
City & Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

I hereby verify that I am eighteen (18) years of age or older; that I fully understand my obligations as described above. Should I choose to rehome the adopted pet, I agree to return it to Ware County Animal Services.

\_\_\_\_\_  
(Signature of New Owner)

\_\_\_\_\_  
(Date of Signed)

\_\_\_\_\_  
(Signature of Ware County Animal Services Rep.)

\_\_\_\_\_  
(Date Signed)