



Missoula Public Health – City-County Health Department
Animal Control – 6700 Butler Creek Road, Missoula, MT 59808
406-541-7387 (Phone) | 406-541-7389 (Fax) | animalcontrol@missoulacounty.us
<https://www.missoulacounty.us/animalcontrol>

ADOPTION APPLICATION			
1. Adoptable Animal's Name		2. Today's Date	
3. Your Name			
4. Physical Address		4a. City	4b. State
		4c. Zip	
5. Mailing Address		5a. City	5b. State
		5c. Zip	
12. Home Phone	13. Work or Cell Phone	14. Date of Birth (of Applicant)	
15. Place of Employment	16. Employer Phone Number	17. Extension	
18. Are you a student at the University of Montana? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Briefly describe why you would like to adopt this pet?			
20. Do you live in a: <input type="checkbox"/> House <input type="checkbox"/> Mobile Home*		20a. *Name of Mobile Home Park:	
21. Or do you live in a: <input type="checkbox"/> Townhouse/Condo <input type="checkbox"/> Apartment**		21a. **Name of Apartment Complex:	
22. Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent* <input type="checkbox"/> Live w/Parents**			
22a. *Landlord Name		22b. *Landlord Phone Number and Extension	
22c. **Parent(s) Name(s)		22d. **Parent(s) Name(s) Phone Number and Extension	
23. For whom are you adopting this pet? <input type="checkbox"/> Self <input type="checkbox"/> Children <input type="checkbox"/> Family <input type="checkbox"/> Gift			
24. Will this animal be in the presence of children frequently? <input type="checkbox"/> Yes* <input type="checkbox"/> No		24a. *If yes, list ages of children separated by comma:	
25. Does anyone in your family suffer from allergies? <input type="checkbox"/> Yes* <input type="checkbox"/> No		25a. *If yes, please provide details:	



26. What will happen to this animal if you move?	
27. How much money do you plan on spending on your pet in the next year?	
28. Do you currently have a veterinarian (Vet) for your pet? <input type="checkbox"/> Yes* <input type="checkbox"/> No	28a. *If yes, name of veterinarian
29. Where will this animal primarily be? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both indoors and outdoors	
30. Describe type of shelter provided:	
31. Do you currently own any of the following?	
31a. <input type="checkbox"/> Dogs	31b. How many do you have?
31c. <input type="checkbox"/> Cats	31d. How many do you have?
32. Are your dogs licensed in Missoula County? (Not the same as a rabies vaccine?)	
33. Will your dog ever be transported in the back of an open pickup?	33a. <input type="checkbox"/> Yes <input type="checkbox"/> No
34. If this application is for a cat, are you considering having your new cat declawed?	34a. <input type="checkbox"/> Yes <input type="checkbox"/> No
35. When outside, how do you plan to keep the animal confined? (If by fence, how high is the fence?)	
<p>36. Please check the following boxes after you have read and agree to the terms of each statement below:</p> <p><input type="checkbox"/> I certify that this information is true, and I understand that false information may result in nullifying this adoption.</p> <p><input type="checkbox"/> I understand the time, care, and financial commitment you are making to this animal?</p>	
MISSOULA COUNTY ANIMAL CONTROL RESERVES THE RIGHT TO REFUSE ANY ADOPTION	

Signed: _____ Date: _____