

**CHEATHAM COUNTY ANIMAL CONTROL  
SAMS CREEK RD  
PEGRAM, TN 37143**

DATE: \_\_\_\_\_ IMPOUND #: \_\_\_\_\_  
(Applicants must be 18 years of age or older and hold a valid ID with current address. A copy of your rental lease agreement is required if applicable.)

**Pet Adoption Questionnaire:** The purpose of these questions is to help us understand where your pet will be housed and cared for. We try our best to work for a successful adoption experience for the pet and the new family.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Employer Name and Phone #: \_\_\_\_\_

Adopter's TN Driver's License #: \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

If you rent, please supply name, address and phone number of landlord:  
\_\_\_\_\_

Does your rental agreement permit you to have pets? Yes or No

Is your residence a: (circle one)

House Apartment Condo/Townhouse Mobile Home Other

How many adults live in the household? \_\_\_\_\_ How many children? \_\_\_\_\_

Ages of Children? \_\_\_\_\_

Do other children/grandchildren visit your home frequently? Yes or No

Are all members of the household agreeable to having a pet? Yes or No

Does anyone in the household have allergies to animals? \_\_\_\_\_

Would you consider your home life (pick one): Quiet/Calm      Very Active

Who would be the primary care taker for the pet? \_\_\_\_\_

How many hours per day will this pet be alone? \_\_\_\_\_

Where would your pet be kept when you are away from home? Please explain in detail.

\_\_\_\_\_

Is your yard fenced in? Yes or No      If yes, how high? \_\_\_\_\_

Why are you interested in adopting? (circle all that apply)

Companion      Guard Dog      Hunting      Breeding      Fighting

Jogging/Walking Buddy      Couch Warmer      Training

Who is your Veterinarian? \_\_\_\_\_

When was your last vet visit? \_\_\_\_\_

Have you adopted from an Animal Control Agency before? Yes or No

Name of Organization: \_\_\_\_\_

Do you understand the adoption fee? Yes or No

Animals must be vaccinated for Rabies and the information must be faxed to us.

\_\_\_\_\_

By signing below, I certify the information I have given is true. I authorize Cheatham County Animal Control to investigate all statements in this application as it sees fit. I understand that a home visit &/or phone call may be made by a representative. Further, this application is the property of Cheatham County Animal Control which reserves the right to accept or deny any application. Any misrepresentation of facts could result in my loss of pet adoption privileges.

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

Name of staff taking information: \_\_\_\_\_