## MAHONING COUNTY OFFICE OF THE DOG WARDEN

1230 N. Meridian Road, Youngstown, Ohio 44509

Phone: **330-740-2205**Fax: **330-792-2755** 

#### **COMMISSIONERS**

Carol Rimedio-Righetti David Ditzler Anthony Traficanti

### DOG WARDEN

Dianne L. Fry dfry@mahoningcountyoh.gov

# ADOPTION APPLICATION Thank you for considering shelter adoption for your new pet! Shelter ID# Name(s) of all adults in the home: Address/City/State/Zip: Phone# \_\_\_\_\_ Additional Phone# \_\_\_\_\_ Email: \_\_\_\_\_Animal's Name: \_\_\_\_ Breed: \_\_\_\_\_ Male Female The Mahoning County Dog Warden's Office takes the adoption and placement of our dogs very seriously; we strive to provide each individual or family with the right dog. A dog that will successfully fit into your home and lifestyle in order to provide you years of loyalty and companionship. Adoptions are not made on a first come first serve basis, approval is based on what we feel is the best situation for the dog and the potential adopter. Please assist us in matching you with the perfect dog by answering the following questions: Length of time at residence: Do you rent or own you home? Rent Own If you rent, are pets allowed? Yes No Do you have a fenced in yard? Yes No Landlord's Name: Phone No.: Number of Adults in home: \_\_\_\_\_ Number of children in home: \_\_\_\_\_ Ages: \_\_\_\_ Have you ever had dogs before? Yes No Do you currently have any pets? Yes No Please list any pets: Name Dog/Cat/Other Breed Age owned in last 5 years

### ADOPTION APPLICATION CONTINUED

## Thank you for considering shelter adoption for your new pet!

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T =1== === dougtourd the	Mahoning County	Dog Ward	len's Offi	ce may have no or very l	imited in	formation
and that a period of your home or other Supervision should or recovered from surge	decompression and animals should be ontinue until such a ery.	d adjustme e limited a a time that	ent is requand under the dog h	environment, possibly dinired. Contact with any restrict supervision of a as settled into the new en	children, responsi vironme	guests in ble adult. nt and has
	•	•		ction of this application for	_	
I certify that the state	ments made on this	applicatio	n are true	and accurate to the best of	of my kno	wledge.
Veterinarian to conf	irm current vaccin	ations and	spay/net	County Dog Warden's Onter history, and to contabreed of dog I am interest	act my la	indlord to
What breed, personal	ity and size of a do	g are you l	ooking fo	r:		
Is your lifestyle:	Home body	Act	ive	Very active		
Do you have a fenceo	d in back yard?	Yes	No			
Where will your dog	be kept when you	are at work	/away fro	m home?		
Approximately how	many hours each da	ay will you	r dog be a	llone?		
Veterinarian's Name	:			Phone:		
On heartworm preven	ntative: Yes	No	Or	n flea/tick preventative:	Yes	No
Are your current pets	s: Spayed/Neutere	d: Yes	No	Current on vaccines:	Yes	No
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IT IS STRONGLY ADVISED YOU MAKE AN APPOINTMENT WITH YOUR REGULAR VETERINARIAN WITHIN 2 WEEKS OF BRINGING YOUR NEW PET HOME!

The Mahoning County Dog Warden's Office reserves the right to deny any request for adoption at any time without a stated reason. You may return the dog for any reason within 30 days with receipt. WE CANNOT REFUND ANY MONIES, BUT YOU MAY APPLY TO ADOPT ANOTHER DOG.