



# CITY OF BUFFALO

## ANIMAL SHELTER ADOPTION APPLICATION

380 N. OAK STREET, BUFFALO, NEW YORK 14203  
PHONE: (716) 851-5694 FAX: (716) 851-5096

**Please understand that this transaction is not a purchase; it is an adoption. The CBAS reserves the right to approve or deny your application.**

In order to be considered for adoption you must agree with the following terms and conditions:

- You must be at least 21 years of age;
- You must provide one form of identification showing present address;
- You must provide photo identification;
- You must understand that all fees are non-refundable;
- You must own your own home or have consent from your landlord to own a pet.
- You must understand that German Shepherds, Rottweiler's, Pit Bull / Am Staff Terriers / Bull Dogs / Mastiffs are considered "special applications" and are subject to further screening.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Circle one:  I Own  I Rent

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

If renting, Landlord's information is required: \_\_\_\_\_  
Your E-Mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

If you presently rent and move in the future, what do you plan to do with the pet? \_\_\_\_\_

Type of pet desired:  DOG  PUPPY  CAT  KITTEN

Why do you want to adopt a pet? \_\_\_\_\_

How many adults in the household? \_\_\_\_\_ #Adults \_\_\_\_\_ # of Children \_\_\_\_\_

Have you ever owned a dog or cat? \_\_\_\_\_  
What breed? \_\_\_\_\_

Do you presently have other pets?  YES  NO Fenced Yard?  YES  NO

What type of pets and how many? \_\_\_\_\_

Pet's Names (important for vet reference) \_\_\_\_\_

Where will you keep the pet during the day? \_\_\_\_\_ At night? \_\_\_\_\_

Will you pet spend any length of time outside and in what situation? \_\_\_\_\_

If you presently have a dog or dogs, are you willing to bring them into the Shelter for a "Meet & Greet" to ensure they are compatible?  YES  NO

Vet References: (current or past vet): \_\_\_\_\_ Phone: \_\_\_\_\_

**Your signature indicates your approval for your veterinarian to release information about your pet's vaccination history.**

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

### OFFICE USE ONLY:

Assessment Match:  YES  NO Landlord OK'd:  YES  NO  N/A (owns) Date: \_\_\_\_\_

Vet Reference:  GOOD  NOT Date: \_\_\_\_\_ Called applicant regarding status of adoption: Date: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ Date: \_\_\_\_\_