



**PINAL COUNTY BOARD OF SUPERVISORS
ANIMAL CARE AND CONTROL
P.O. BOX 3061 RS
CASA GRANDE, AZ 85222
520-723-1182**

ADOPTION INTERVIEW

NAME: _____ TELEPHONE: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLEASE ANSWER ALL QUESTIONS BELOW

1. BREED AND AGE OF ANIMAL REQUESTED: _____

2. REASON FOR WANTING THIS ANIMAL: GUARD DOG, FAMILY PET, COMPANION
FOR OLDER INDIVIDUAL, ETC.

3. HAVE YOU OWNED ANIMAL(S) IN THE PAST: YES ___ NO ___
HOW MANY AND WHAT TYPE: _____

WHAT HAPPENED TO THEM: _____

4. DO YOU HAVE ANIMALS NOW: YES ___ NO ___ HOW MANY AND WHAT KIND:

5. DO YOU HAVE A FENCED YARD: YES ___ NO ___

IF YES, FRONT & BACK FENCED ___ FRONT ONLY ___ BACK ONLY ___

6. DO YOU HAVE CHILDREN: YES ___ NO ___ HOW MANY: ___ AGES: _____

7. ARE YOU EMPLOYED: YES ___ NO ___

IF APPROVAL FOR AN ADOPTION IS GRANTED, I AGREE TO HAVE THE ANIMAL SPAYED OR
NEUTERED AND VACCINATED AGAINST ALL APPLICABLE DISEASES. I ALSO AGREE TO
HAVE THE ANIMAL VACCINATED FOR RABIES AND LICENSED WHEN IT BECOMES FOUR
MONTHS OF AGE OR NOW IF OLDER THAN FOUR MONTHS OF AGE IN ACCORDANCE WITH
THE PINAL COUNTY ANIMAL CARE AND CONTROL ORDINANCE #71395. FAILURE TO
COMPLY WILL RESULT IN CITATIONS BEING ISSUED.

SIGNATURE: _____ DATE: _____