

**Fairfield County Animal Adoption Center**  
**1678 US HWY 321 BUS North, Winnsboro, SC 29180**  
**Office# 803-815-0805**  
**animal.adoption@fairfield.sc.gov**

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

Animal ID: \_\_\_\_\_

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
2. Spouse/Partner/Room-mate's Name: \_\_\_\_\_
3. Current Street Address: \_\_\_\_\_
4. Mailing Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How Long: \_\_\_\_\_
5. Your Age: \_\_\_\_\_ # people in household: \_\_\_\_\_ # of children: \_\_\_\_\_ Ages: \_\_\_\_\_
6. Occupation: \_\_\_\_\_ How long: \_\_\_\_\_ # of hours worked each week: \_\_\_\_\_
7. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
8. E-Mail Address: \_\_\_\_\_
9. Do you: Own Rent Other: \_\_\_\_\_
10. Do you live in: House Apartment Farm Subdivision Other: \_\_\_\_\_
11. Landlord Information: Name: \_\_\_\_\_ Phone: \_\_\_\_\_
12. Is your yard fenced in: Yes No If yes, height and length: \_\_\_\_\_
13. Where will your pet be when you are not home: \_\_\_\_\_
14. Where will your pet be when you are on vacation: \_\_\_\_\_
15. How many hours a day will your pet be alone: \_\_\_\_\_ How will they spend the day: \_\_\_\_\_
16. Do you own any other pets: Yes No (if no skip to #23) If yes, please list the name, breed, gender and temperament of each pet: \_\_\_\_\_
17. If dog(s), do they get along with cat(s): Yes No If no, please explain: \_\_\_\_\_
18. If cat(s), do they get along with dog(s): Yes No If no, please explain: \_\_\_\_\_
19. Are your current pets spayed/neutered: Yes No If no, Please explain: \_\_\_\_\_
20. Are your pets on preventative flea and tick medicine: Yes No If yes, what type: \_\_\_\_\_
21. Are your pets on preventative heart worm medicine: Yes No If yes, what type: \_\_\_\_\_
22. If not on any medications, please explain why: \_\_\_\_\_

23. Can you afford veterinarian care for preventative medicines, vaccines, boosters, and routine visits: Yes No

24. Name and phone number of current or previous vet: \_\_\_\_\_

25. Have you ever, for any reason, returned or given a pet away: Yes No If yes, please explain: \_\_\_\_\_

26. Under what circumstances, would you consider giving up your pet(s): \_\_\_\_\_

27. What would be the best time for a staff member to visit your home: \_\_\_\_\_

28. Please list the names and phone numbers of 2 references (excluding family) we may contact of your behalf:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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I, \_\_\_\_\_ hereby state that the information provided in this application is true and falsifying any statements will forfeit my chances of adopting an animal from the Fairfield County Animal Adoption Center. I hereby agree that I will have my pet spayed or neutered within thirty (30) days from the adoption date, if not already done before taking ownership of the pet. Failure to do so will hereby void this contract, and Fairfield County Animal Services can take possession of said pet.

Furthermore, I agree that if for any reason I can no longer care for the animal or do not want the animal, I will return it to the Fairfield County Animal Adoption Center.

I do or do not grant to Fairfield County Animal Adoption Center, its representatives and/or employees the right to take photographs and videos of me and/or my property. I authorize Fairfield County Animal Adoption Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Fairfield County Animal Adoption Center may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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

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Office Use Only:

Home visit Performed: Yes No If yes, was residence acceptable: Yes No

References checked: Yes No Vet contacted: Yes No If no, why: \_\_\_\_\_

Adoption: Approved Denied

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