



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/Roommate's Name: \_\_\_\_\_
3. Current Street Address: \_\_\_\_\_
4. Mailing Address (if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_
5. Your Age: \_\_\_\_\_ # of people in household: \_\_\_\_\_ # of children: \_\_\_\_\_ Ages: \_\_\_\_\_
6. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
7. Email Address: \_\_\_\_\_
8. Do you:  Own  Rent Other: \_\_\_\_\_
9. Do you have any other pets?  Yes  No (if yes, please list)  
\_\_\_\_\_  
\_\_\_\_\_
10. Are they spayed/neutered?  Yes  No if no, please explain: \_\_\_\_\_  
\_\_\_\_\_
11. Veterinarian: \_\_\_\_\_
12. Have you for any reason, returned or given a pet away?  Yes  No If yes, please explain:  
\_\_\_\_\_
13. Would you permit a staff member to conduct a home visit?  Yes  No Day/time: \_\_\_\_\_  
If no, please explain: \_\_\_\_\_

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.

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.

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

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

Office Use Only:

Meet and Greet Conducted:  Yes  No Vet Confirmed:  Yes  No

Comments: \_\_\_\_\_

Adoption:  Approved  Denied Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_