

ADOPTION APPLICATION

Thank you for considering the Humane Animal Welfare Society in the adoption of a pet as part of your family. Since this adoption will be a long-term commitment on your part (10-15 years, the lifetime of the pet) we strive for the utmost compatibility between owner and pet. Please take a few minutes of your time to consider and answer the following questions to help us in the endeavor.

PLEASE PRINT

Name _____ Date _____

Street Address _____ Home Phone _____
Last First MI

City & Zip _____ Work Phone _____

(Office Use Only) I.D. Verified By: _____

I live in a: House _____ Duplex _____ Apt. _____ Condo _____ Town House _____ Mobile Home _____

I own _____ rent _____ Rent w/option to buy _____ Live with parents/relatives _____

Landlord's Name _____ Phone _____

How long have you lived at this address? _____ Do you plan to move? _____ If yes, when _____

How many adults in the household? _____ First & Last Names: _____

How many children living at home? _____ Ages: _____ Names: _____

I would like to adopt a: Dog _____ Puppy _____ Cat _____ Kitten _____ Other _____

I would like to adopt this animal because I want: (Check all the apply) Personal Protection _____

A Mouser _____ To Breed _____ For Children _____ Companionship _____ Guard Dog _____

Hunting Dog _____ Farm Dog _____ A Gift for _____ Other _____

Who will be primarily responsible for the animal? _____

Where will the animal be kept? (Check all that apply) In House _____ In Crate _____ In Outside Kennel _____ In Barn _____

In Basement _____ Tied to Doghouse _____ Outside _____ In Garage _____ Other _____

When the animal is left alone, where will it be kept? _____

On the AVERAGE, how many hours per day will the animal be left alone? _____

Have you ever adopted from this shelter? No _____ Yes _____ When? _____

What kind of pet? _____ What happened to pet? _____

Have you ever adopted from another shelter? No _____ Yes _____ When? _____

What kind of pet? _____ What happened to pet? _____

Have you ever surrendered a pet to a shelter? No _____ Yes _____

If yes, which shelter? _____ When? _____ Why? _____

Which veterinary clinic(s) have you used in the past and/or are using now? _____

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List **ALL** Pets you **NOW** own:

<u>Kind</u>	<u>Name</u>	<u>Sex</u>	<u>Sterilized</u>	<u>Age</u>	<u>Kept Where</u>	<u>Time owned</u>
_____	_____	_____	Yes ___ No ___	_____	_____	_____
_____	_____	_____	Yes ___ No ___	_____	_____	_____
_____	_____	_____	Yes ___ No ___	_____	_____	_____
_____	_____	_____	Yes ___ No ___	_____	_____	_____

List **ALL OTHER** Pets you **OWNED** in the **PAST 5** years:

<u>Kind</u>	<u>Name</u>	<u>Sex</u>	<u>Sterilized</u>	<u>Age</u>	<u>Kept Where</u>	<u>Time owned</u>
_____	_____	_____	Yes ___ No ___	_____	_____	_____
_____	_____	_____	Yes ___ No ___	_____	_____	_____
_____	_____	_____	Yes ___ No ___	_____	_____	_____
_____	_____	_____	Yes ___ No ___	_____	_____	_____

BY SIGNING BELOW, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, AND I RECOGNIZE THAT ANY MISREPRESENTATION OF FACT MAY RESULT IN LOSING ADOPTION PRIVILEGES. I AUTHORIZE INVESTIGATOIN OF ALL STATEMENTS IN THIS APPLICATION AND UNDERSTAND THAT VETERINARIANS, OTHER HUMANE SOCIETIES, LANDLORDS, ETC. MAY BE CONTACTED. I FURTHER UNDERSTAND THAT THE ADOPTION OF AN ANIMAL WILL BE DELAYED TO ENABLE THE HAWS STAFF TO PROCESS THIS APPLICATION, TO PREPARE THE ANIMAL FOR ADOPTION, AND TO ALLOW TIME FOR ME TO RECONSIDER MY LIFETIME COMMITMENT TO THE ANIMAL WHICH I HAVE SELECTED.

THIS APPLICATION BECOMES THE PROPERTY OF THE HUMANE ANIMAL WELFARE SOCIETY.

The Humane Animal Welfare Society reserves the right to deny an adoption to anyone who in its opinion will not provide a suitable home for the pet based upon this application and investigation of the information is authorized.

SIGNATURE _____

Comments: