ADOPTION APPLICATION

PLEASE PRINT

Name					Date	
(Last) Street Address		(First)		(MI) 	Home Phone	
City & Zip					Work Phone	
Email					Cell Phone	
(Office Use Only) I.D. Ve	erified By:				Date of Birth	
I own my home	I rent	_	I live with par	ents/rela	tives	
I live in a: House	Condo/To	wnhouse _	Apaı	tment	Mobile Home	
Landlord's name					Phone	
How many adults in the	household?	_ First & l	Last Names			
How many children livin	g at home?	_ Ages	Nam	es		
I would like to adopt thi	s animal because I wa	nt (<i>check d</i>	all that apply):			
Compa	nionship	A gift	Barn	cat	Guard dog	Other
Where will the animal b	e kept? Inside	·	Outside			
When your pet is left alo	one, where will it be k	ept?				
Have you ever surrender	red a pet to a shelter?		No	Yes		
If yes, which shelter:		Wh	nen	_ Why _		
Which veterinary clinic(s) have you used in the	e past and	or using now?			
List ALL pets CURRENTL	Y in your household:					
<u>Kind</u>	<u>Name</u>	<u>Sex</u>	<u>Sterilized</u>	<u>Age</u>	Kept Where	Time Owned
			Y / N			
			Y / N			
			Y / N			
			Y / N			
			Y / N			



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<u>Kind</u>	<u>Name</u>	<u>Sex</u>	Sterilized	<u>Age</u>	Kept Where	Time Owned
			Y / N			
			Y / N			
			Y / N			
			Y / N			

List ALL OTHER pets you have OWNED in the PAST 5 years:

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 INVESTIGATION 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 AND TO PREPARE THE ANIMAL FOR ADOPTION.

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 as authorized.

SIGNATURE



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