



Adoption Application

(765) 962-6811
 2101 West Main Street
 Richmond, IN 47374
 www.helptheanimalsinc.com

I'm interested in adopting a (please circle) cat / dog.

Animal Name (if known):

TO BE COMPLETED BY PERSONS 18 YEARS OF AGE OR OLDER:

Adopter Name:

Phone:

Co-adopter Name:

Phone:

Address

City

State

Zip

Email

May we share your contact information with Hills Pet Food Products? Yes / No

Do you live in? (circle one) Apartment Mobile home Condo House Other:

Do you? Own Rent Land Contract If renting, landlord's name and phone number:

Do you have a fenced-in yard? Yes / No If yes, what is the height?

Are you currently (please circle): Employed Unemployed Retired Student Other

Veterinarian name:

Veterinarian phone:

In whose name are the records listed under?

May we contact your veterinarian? Yes / No

What characteristics are you looking for in your new pet? (please circle all that apply)

Puppy/kitten Adult Senior Male Female Protective Playful High-energy Calm Easy-going

Where will the animal be kept? (please circle) Inside Outside Both Please explain:

Do you plan on any physical alterations? (ear cropping, declawing, etc.) Yes / No If yes, please explain:

Please list the pets you **currently** have:

Pet's Name Cat / Dog / Other Age Spayed/neutered? Yes / No

Pet's Name Cat / Dog / Other Age Spayed/neutered? Yes / No

Pet's Name Cat / Dog / Other Age Spayed/neutered? Yes / No

Please list the pets you have had **in the past**:

Pet's Name Age Why is this pet no longer with you?

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THANK YOU for choosing to *Adopt!*

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Please list all of the individuals currently residing in your home:

Name	Age	Relation to you
Name	Age	Relation to you
Name	Age	Relation to you
Name	Age	Relation to you
Name	Age	Relation to you

I would like more information on (please circle all that apply):

Heartworm Prevention	Flea/Tick Prevention	Grooming/Nail Trimming	Microchip	Toys & Fun Activities	
Puppy/Kitten Care	Nutrition	Veterinarian Care	Dog Training	Crate Training	Housebreaking

By signing below, I certify that all the information contained herein is true and complete. I agree to provide identification at the request of HELP the Animals, Inc. in the form of a valid Driver's License or State-issued identification. I further understand that any false information, omissions, or misrepresentations can render this adoption application void and can be rejected and/or terminated at any time.

HELP the Animals, Inc. has the right to refuse any adoption for any reason. I understand and agree that this animal is adopted 'as is' in regard to any known and/or unknown health and behavior issues now or in the future.

Adopter Signature	Date
Co-adopter Signature	Date

To Be Completed by HELP Staff:

Additional Notes:	
Copy of DL? Yes / No	
Approved? Yes / No If no, why?	
Interviewer Signature	Date