

Pet Adoption Application Form

Contact Information

Full name: _____

Date of Birth: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

Please list all adults in the home and their relationship to you:

Please list all children in the home and their ages:

In what type of home do you live? (single family, town home, apartment, farm, etc.)

Do you have a fenced yard? _____

Please describe your household: Active Noisy Quiet Average

If you rent, please give the rules governing pets and the landlord's name and number:

(By providing this information, you are allowing SHHSOC to contact your landlord. Please inform them of this call so they will speak with us.)

Does anyone in the family have a known allergy to pets? _____

Is everyone in agreement with the decision to adopt a pet? _____

Do you have time to provide adequate love and attention? _____

Other Pets

Please list any other pets in the home (type of pet, name, age) _____

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not, why? _____

Have you ever surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident? If so, please explain:

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? __ Yes __ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(By providing SHHSOC with this information, you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to SHHSOC.)

About the Animal You Wish to Adopt

Type of animal you are wishing to adopt (If you have a specific pet in mind, list name, type, breed)

What is your idea of an ideal pet? _____

Desired age: _____ Desired Size: _____

Desired breed: _____

Breed you would not adopt: _____

Desired sex: Spayed Female Neutered Male No preference

Willing to adopt: outgoing/hyper pet shy pet
 pet that needs regular medication pet that needs training
 pet that needs grooming None of these

Where will the pet spend the day? (*describe*)

Where will the pet spend the night? (*describe*)

Number of hours (average) pet will spend alone each day? _____

Who will have primary responsibility for this pet's daily care? _____

Who will have financial responsibility for this pet? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the pet as an indoor pet? Yes No

When the pet does goes out, how do you plan to supervise it? _____

Do you agree to contact SHHSOC if you can no longer keep this pet? Yes No

Are you be willing to let a representative of SHHSOC visit your home by appointment?
 Yes No

How did you hear about SHHSOC?

Would you be interested in fostering? Yes No Would like to know more: _____

Personal References

Please list three people who are familiar with both you and your pets.

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):

Name:
Address:
Phone:
Relationship (relative, neighbor, friend, etc.):

By signing this document, you are promising that all of the information you provided is true and complete. You also are agreeing that any pet you adopt from Safe Haven Humane Society and Outreach Center will reside in your home as a pet and that you will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)