

HUMANE SOCIETY OF THE WHITE MOUNTAINS P.O. BOX 909, 3212 N. PORTER MOUNTAIN ROAD, LAKESIDE AZ 85929 C:\Users\HSWM\AppData\Local\Microsoft\Windows\INetCache\IE\X0XJKGCK\paw-heart[1].jpgWWW.HSWM.ORGC:\Users\HSWM\AppData\Local\Microsoft\Windows\INetCache\IE\X0XJKGCK\paw-heart[1].jpgPHONE: (928)368-5295

ADOPTION APPLICATION

PET’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPECIES: { } K-9 { } FELINE DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADOPTER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHYSICAL ADRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VETERINARIAN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYER NAME AND ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY CONTACT NAME (FOR MICROCHIP, SOMEONE OTHER THAN YOURSELF) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MANY PETS HAVE BEHAVIORAL PROBLEMS SUCH AS CHEWING, FENCE JUMPING, SPERATION ANXIETY, HOUSEBREAKING, ETC. ESPECIALLY COMING HOME FROM AN ANIMAL RESCUE OR SHELTER. THE PET’S NORMAL PERSONALITY WILL MORE FULLY SHOW ITSELF OVER A PERIOD OF TIME FROM 2 WEEKS TO A MONTH. IN ORDER TO ADOPT AN ANIMAL FROM US, WE REQUIRE THAT YOU BE WILLING TO WORK WITH THESE PROBLEMS WITH THE HELP OF A BEHAVIORIST, IF NECESSARY.

PET & FAMILY QUESTIONNAIRE

HAVE YOU EVER ADOPTED AN ANIMAL FROM HSWM BEFORE? YES/ NO IF YES, DO YOU STILL HAVE THE ANIMAL? YES/ NO HAVE YOU EVER SURRENDERED ANY PETS TO A SHELTER OR RESCUE? YES/ NO WHAT TYPE(S) OF UNACCAPTABLE BEHAVIOR FROM THE PET WOULD CAUSE YOU TO RETURN HIM/HER?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHY ARE YOU ADOPTING THIS PET?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW MUCH DO YOU BUDGET YEARLY FOR VETERINARIAN EXPENSES FOR THIS PET?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAVE YOU EVER REQUESTED ASSISTANCE FROM HSWM? YES/ NO WHAT WAS THE NATURE OF YOUR REQUEST? SPAY/NEUTER, ADOPTION, SURRENDER A PET, PET BEHAVIOR QUESTIONS, PET FOOD ASSISTANCE, OTHER, EXPLAIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW WOULD YOU CLASSIFY YOUR HOME? CALM, FAIRLY QUIET MODERATELY ACTIVE VERY ACTIVE WHAT TYPE OF HOME DO YOU LIVE IN? HOUSE, TRAILER, APARTMENT, OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO YOU OWN YOUR HOME OR DO YOU RENT? OWN/ RENT IF YOU RENT, DO YOU HAVE PERMISSION FROM YOUR LANDLORD TO KEEP A PET? YES/NO IS THERE A SIZE OR WEIGHT LIMIT ON PETS WHERE YOU LIVE? YES/ NO IF YES, WHAT IS IT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR LANDLORD’S NAME AND PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE AND SEX OF ANY CHILDREN IN THE HOUSEHOLD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ARE THERE ANY OTHER RESIDENTS AT THE HOUSE? YES/ NO ARE ALL HOUSEHOLD MEMBERS IN COMPLETE AGREEMENT TO ADOPTING, CARING FOR, AND TRAINING YOUR PET? YES/ NO WHO WILL CARRY THE MAIN RESPONSIBILITY OF CARING FOR THIS PET?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO ANY FAMILY MEMBERS HAVE ALLERGIES TO ANIMALS? YES/NO WHAT ARE THE OCCUPATIONS OF THE ADULTS IN THE HOUSEHOLD?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS ANYONE HOME DURING THE DAY? YES/NO AT NIGHT? YES/NO WHERE WILL YOUR PET SLEEP AT NIGHT?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO YOU HAVE A DOGGIE DOOR? YES/NO WHERE WILL YOUR PET STAY WHILE YOU ARE GONE DURING THE DAY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHERE WILL YOUR NEW PET SPEND MOST OF IT’S TIME?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW MUCH TIME WILL THE MAIN CAREGIVER SPEND WITH YOUR PET DAILY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS YOUR YARD FENCED? YES /NO PLEASE DESCRIBE YOUR FENCING (HEIGHT, MATERIAL):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOES IT COMPLETELY ENCLOSE A YARD FOR A DOG? YES/NO CATS: WILL YOU BE HAVING THIS CAT DECLAWED? YES/NO DOGS & CATS: ARE YOU FAMILIAR WITH THIS BREED/MIX? YES/NO DO YOU HAVE A FAVORITE OR PREFERRED BREED?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ARE THERE ANY BREEDS THAT YOU DISLIKE? YES/NO IF SO WHY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HAVE YOU ATTENDED ANY ANIMAL TRAINING CLASSES IN THE PAST YEAR? YES/NO HOW DO YOU PLAN ON TRANSPORTING YOUR NEW PET HOME?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO YOU CURRENTLY HAVE PETS IN YOUR HOUSEHOLD? YES/NO HOW MANY CATS\_\_\_\_\_\_\_\_\_\_\_ DOGS\_\_\_\_\_\_\_\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_\_ HAVE ANY OF YOUR PETS BEEN ILL IN THE PAST YEAR? YES/NO HAVE THESE PETS BEEN SPAYED/NEUTERED? YES/NO HAVE ANY OF YOUR PETS EVER HAD A LITTER? YES/NO IF YOUR PET HAS HAD A LITTER WHAT WAS DONE WITH THE OFFSPRING?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ARE YOU LOOKING FOR AN INDOOR OR OUTDOOR PET? INDOOR/OUTDOOR/BOTH IF YOU DO NOT CURRENTLY HAVE A PET, HAVE YOU OWNED A PET BEFORE? YES/NO IF SO WHAT KIND?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IF YOU TRAVEL, WILL YOUR PET GO WITH YOU? YES/NO WHERE WILL THE PET BE BOARDED, IF NECESSARY? { } KENNEL { } FRIEND { } TRAINER { } GROOMER { } VET { } PET SIITER {}OTHER, PLEASE EXPLAIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*ALL THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE.*

*I UNDERSTAND THAT FALSIFYING ANSWERS ON THIS APPLICATION, OR ANY OTHER TIME DURING THE ADOPTION PROCESS, DISQUALIFIES ME FROM ADOPTION.*

THIS PET HAS BEEN TEMPERAMENT TESTED AND IS AVAILABLE FOR ADOPTION. THIS PET HAS BEEN GIVEN A WELLNESS EXAM AND IS APPARENTLY HEALTHY. ALL ANIMALS ARE ALTERED, WORMED AND MICRO-CHIPPED. ALL DOGS ENTERING THE SHELTER ARE GIVEN A DAPP VACCINATION AND A BORDATELLA/PARA INFLUENZA VACCINATION. ALL CATS ENTERING THE SHELTER ARE FEL/FIV TESTED AND HAVE RECEIVED FVRCP VACCINATIONS. ALTHOUGH THE ANIMAL APPEARS WELL, AN APPOINTMENT FOR CONSULTATION WITH A LOCAL VETERINARIAN SHOULD BE MADE AS SOON AS POSSIBLE. THE HUMANE SOCIETY PAYS THE COST OF THE OFFICE VISIT WITH ONE OF THE CONTRACTED VETERINARIANS, IF THE ANIMAL IS TAKEN WITHIN 21 DAYS OF THE ADOPTION DATE. *THE HUMANE SOCIETY OF THE WHITE MOUNTAINS WILL NOT BE ABLE TO PROVIDE FURTHER ASSISTANCE WITH DIAGNOSIS OR ANY MONETARY ASSISTANCE FOR THE CARE OF THIS PET.*

*I, THE ADOPTER, UNDERSTAND THAT IF I HAVE PROVIDED FALSE INFORMATION ON THIS APPLICATION I MAY NOT BE APPROVED FOR THE ADOPTION AND NO MONIES WILL BE REFUNDED. I ACCEPT RESPONSIBILITY FOR THE CONTINUED CARE OF THIS PET FOR THE ENTIRETY OF IS NATURAL LIFE. IF I AM UNABLE TO CONTINUE TO PROVIDE QUALITY CARE FOR THIS PET I WILL RETURN THE PET TO THE HUMANE SOCIETY OF THE WHITE MOUNTAINS.*

*I, THE ADOPTER, HAVE READ ALL OF THE CONDITIONS SET FORTH IN THIS ADOPTION APPLICATION (INCLUDING THOSE ON THE REVERSE AND FOLLOWING PAGES) AND AGREE TO ABIDE BY THEM. NO REFUNDS WILL BE GIVEN-NO EXCEPTIONS.*

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COMMENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_