Help Every Pet

PO Box 171

Hardin, MT 59034

Helpeverypet.org

Name of pet inquiring about: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cat or Dog

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people in household: \_\_\_\_\_\_Is anyone allergic to animals?\_\_\_\_\_\_

Number of children in household:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are all household members aware of adoption? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Residence: Resident Rural

Own? Rent? How long at this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If renting: Landlord Name and Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will the pet live: Indoor Outdoor

Do you have a fenced yard? \_\_\_\_\_\_\_\_

What behaviors from this pet would cause you to return? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to take responsibility (financial and otherwise) if this pet acquires an illness or injury?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to put in the time and effort to train, make comfortable, and help you new pet adjust to its new home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are away, who will care for your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you treat the pet like a part of your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aware of the lifelong commitment you will be making? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to take time to work on behavioral issues (housebreaking, chewing, scratching, with the new pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you move, where will your pet go? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had pets in the last five years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list names, age, whether they were fixed, how long they lived with you, and where they are now. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of your Veterinarian?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan on declawing or surgically altering your pet beyond its basic medical needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever surrendered or returned an animal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, for what reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application does not reserve an animal for applications during the approval process. Adoption applications or approved or denied at the discretion of Help Every Pet. By singing below, I certify that I am 18 years of age, and that all the information I have provided herein is true and correct to the best of my knowledge. I understand that providing false or incomplete information may be grounds for my adoption to be denied. I understand that this adoption application is not a binding contract with Help Every Pet and that at any time I may be denied adoption at the discretion of Help Every Pet.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out and return via email: helpeverypethardin@gmail.com