



ADOPTION APPLICATION

DATE _____

Applicant: Please take a few minutes to answer the questions below. Your answers are our assurance that HSD Animals will live in good, permanent homes.

Name _____ Address _____

City _____ State _____ Zip _____ Phone Number _____

Employed by _____ Address _____

City _____ State _____ Zip _____ Phone Number _____

Do you live in a _____ House _____ Apartment _____ Own _____ Rent _____

Has your landlord given you permission to have pet? _____

If moving is necessary, are you willing to find an apartment that accepts pets or would you find a suitable home for your pet? _____

Number of people living in your home _____ Ages of children, if any _____

Is anyone in your home allergic to animals? _____ Do you have pets now? _____ Cats _____ Dogs _____
Other. Are they neutered? _____ Do they go outdoors unsupervised? _____

Have you had pets in the past? _____ How Many? _____ What happened to them? _____

Will your pet remain indoors at all times? _____ Under what conditions, if any, would you permit him/her to go outdoors? _____

Can you provide a home for your pet's entire lifetime, which may be 15 years or more? _____

Do you think your pet should have yearly physical and vaccination? _____

How much time will you be spending with your new pet per day? _____

Who is your veterinarian? _____ Clinic Name _____

References: (Friend, Relative, Neighbor, someone we can contact about the pet if we cannot reach you.)

1. Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

2. Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Signature of Applicant _____ Driver's License # _____

I have interviewed the applicant and checked the application and am will to adopt a pet to above-named person.



Signature of Volunteer _____