



**HUMANE SOCIETY OF WALDEN**

2489 Albany Post Rd. PO BOX 135

Walden, NY 12586

845-778-5115 Fax: 845-778-5116

[www.waldenhumane.org](http://www.waldenhumane.org)

**ADOPTION APPLICATION**

Animals Name: \_\_\_\_\_ Animal ID # \_\_\_\_\_

Pet type: \_\_\_ Cat \_\_\_ Kitten \_\_\_ Dog \_\_\_ Puppy Date: \_\_\_\_\_

Adopter Name: \_\_\_\_\_

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

Mailing address (if different) \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Do you live in a: \_\_\_ House \_\_\_ Apartment \_\_\_ Duplex \_\_\_ Condo \_\_\_ Mobile Home

Do you: \_\_\_ Own \_\_\_ Rent \_\_\_ live with friends, parents, or guardian

If renting or living with someone else, do they allow pets? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Do you anticipate moving within the next 6 months? \_\_\_\_\_

If you move in the future, what will you do with your pet (s)?

\_\_\_\_\_

Do you have children? \_\_\_ Yes \_\_\_ No if yes, how many? \_\_\_\_\_

Their ages: \_\_\_\_\_

Are they used to animals? \_\_\_ Anyone in household have allergies? \_\_\_\_\_

If so, how will you manage with a new pet? \_\_\_\_\_

Do all members of the household know you plan to adopt a new pet? \_\_\_\_\_

Have you adopted from us before? \_\_\_Yes \_\_\_No if yes, when? \_\_\_\_\_

Do you still have this pet? \_\_\_Yes \_\_\_No if no, why not? \_\_\_\_\_

This new pet will be \_\_\_indoor \_\_\_outdoor \_\_\_both indoor/outdoor

Do you have other animals at home? \_\_\_Yes \_\_\_No

name/species	gender	fixed	Age	Time Owned	Current on Shots
	M / F	YES / NO			YES / NO
	M / F	YES / NO			YES / NO
	M / F	YES / NO			YES / NO
	M / F	YES / NO			YES / NO

Current Veterinarian \_\_\_\_\_

Phone number? \_\_\_\_\_ Time used? \_\_\_\_\_

By signing below, I certify that the information that I have given is true, and that any misrepresentation of facts may result in my losing the privilege of adopting an animal from the Humane Society of Walden. This animal will reside in my home as a pet and will be provided with adequate food, water, shelter, training, affection, medical care and humane treatment at all times.

\_\_\_\_\_ Date: \_\_\_\_\_

Adopter's Signature