



ADOPTION APPLICATION

<i>Office Use:</i> <input type="checkbox"/> Approved Initial & Date: _____
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Interested in (check all that apply): Puppy Dog Kitten Cat

Animal Name: _____ Will this new pet live: Inside Outside or Both

APPLICANT INFORMATION

Name: _____ check if over 21+

Address: _____

Mailing address (if different): _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address: _____ opt out of newsletter

Employer: _____ Work phone: _____

HOUSEHOLD INFORMATION

1. Do you? Own Rent
 - a. How long have you lived here? _____
 - b. If renting: Landlord Name: _____ Phone: _____
2. Do you live in a: House Apartment Duplex Condo Mobile Home
3. Do you anticipate moving in the next 6 months? Yes No
 - a. If you move in the future what will you do with your pet(s)? _____
4. Do you live with Friends Parents / Guardians N/A
 - a. Do they allow pets? Yes No
5. How many people reside in your household? _____
 - a. Ages of children under 18, if any _____
 - i. Are they used to animals? Yes No
 - b. Do all household members know you are adopting a new pet? Yes No

PET HISTORY

1. Have you adopted from us or another shelter before? Yes No
 - a. If yes, do you still have the pet? Yes No
 - i. If no, what happened? _____



ADOPTION APPLICATION

PET HISTORY continued

2. Have you ever had to give up a pet before? Yes No

a. If yes, why? _____

CURRENT PETS (if applicable)

Name	Species	Gender	Fixed	Age	Time Owned	Current on Shots
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Veterinarian Name: _____

Office Name: _____ Phone: _____

PERSONAL REFERENCES

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

ACKNOWLEDEMENT

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.

 Adopter's Signature

 Date

 HSW Representative Approval Signature

 Date

HSW Admin Notes: _____