

Washington Area Humane Society Application for Animal Adoption

(Please print clearly)

Name: _____ Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s) Home: _____ Work: _____ Cell: _____

Email: _____ Driver's Lic # _____

Place of Employment: _____ Annual Salary: _____

For whom are you adopting this pet?: _____ Does the person live in your home? _____

What type of pet do you wish to adopt? ☐ Dog ☐ Cat ☐ Other

Pet will live with (check all that apply): ☐ Adults ☐ Children under 7 ☐ Children over 7 ☐ Senior(s)

Is your residence a: ☐ Home ☐ Apartment ☐ Condo/Townhouse ☐ Mobile Home ☐ Other

Do you own or rent home? ☐ Own ☐ Rent

If you rent, does your landlord allow pets? ☐ No ☐ Yes – Landlord's name & phone _____

How long have you lived at this address? _____ Years _____ Months

Do you have a fenced yard? ☐ No ☐ Yes

Have you had pets in the past? ☐ No ☐ Yes – What happened to them? _____

Do you have pets now? ☐ No ☐ Yes – What? ☐ Dog S/N Breed _____

☐ Other _____ ☐ Cat S/N Breed _____

Have you ever adopted from us? ☐ No ☐ Yes – What ? ☐ Dog ☐ Cat ☐ Other _____

Do you still have this pet? ☐ Yes ☐ No– Why? _____

Veterinarian Name & Phone _____ Can we recommend a Vet? ☐ Yes ☐ No

Where will your pet spend most of its time? ☐ Inside ☐ Outside ☐ Tied ☐ Fenced Yard ☐ Basement ☐ Garage

If adopting a cat, will it be permitted to go outside? ☐ Yes ☐ No

When outside, how will your pet(s) be housed or confined? _____

Do you have a crate or safe isolation area for your pet(s) in your absence? ☐ Yes ☐ No

Do you allow your pets to sleep on furniture or beds? ☐ Yes ☐ No

Are you financially prepared to provide your pet with annual vet care as required by state law? ☐ Yes ☐ No

Are you prepared to provide vet care as required by state law for unexpected accidents/health problems? ☐ Yes ☐ No

Are you aware of your community's animal ordinances, leash laws and number of animals you may own? ☐ Yes ☐ No

Are you or anyone in your family allergic to cats? ☐ Yes ☐ No Anyone allergic to dogs? ☐ Yes ☐ No

Why do you want this kind of animal? _____

How did you learn of our Humane Society? ☐ Radio ☐ TV ☐ Internet ☐ Newspaper ☐ Event or Offsite ☐ Other

I certify that the above information is true and correct.

Signature: _____ **Date:** _____

Adoption counselor comments: _____ Approved Denied By: _____ v9-05

Welcome to The Washington Area Humane Society

We are happy that you are considering adopting a pet from our shelter. Please read the information below and then fill out adopter information on the back of this sheet. The information you provide will help us ensure that you leave with a pet that will suit your lifestyle and experience as a pet owner which in turn will ensure the best possible circumstances for the pet.

GENERAL INFORMATION

- Animals are accepted from all sources including previously owned, stray, abandoned or homeless.
- As we sometimes have no background information on the health or temperament of an animal or if the information provided to us is inaccurate, *we do not guarantee the health or temperament of any animal.*
- Although we screen both medically and behaviorally every animal that is placed out in the adoption area, certain types of problems will not demonstrate themselves until the animal is in a home situation or a specific time period has lapsed (as in the incubation of certain viruses). *There is always some risk in adopting any animal from any shelter or humane organization.*
- Some animals have lived in abusive or neglectful circumstances and will need both training and time to make them agreeable companions. The Humane Society offers support through behavioral counseling, obedience classes and veterinary care through an affordable, low cost membership clinic.

TO BE CONSIDERED AS AN ADOPTER, YOU MUST:

- BE 21 YEARS OF AGE OR OLDER.
- Not be a full-time student
- Have photo identification showing your present address.
- Have the knowledge and consent of all adults living in your household. If you live with your parents, they must adopt the animal under their name.
- Have the knowledge and consent of your landlord or the person owning the premises where the animal will be residing.
- **Understand that all fees are non-refundable.**
- **Understand that the adopter is responsible for all veterinary care and medical bills of the adopted pet either through the membership clinic or a private veterinary hospital.**
- **Understand that the humane society reserves the right to deny your adoption application for any reason.**
- **Understand that the Washington Area Humane Society reserves the right to verify all information submitted on this application, including veterinary information.**

I have read and understand the above.

SIGNED: _____ DATE: _____