

HHS Pre - Adoption Application – CANINE, FELINE, OTHER ADOPTABLE

Name _____ Home:(_____)_____ Cell : (_____)_____

Address _____ City _____ Zip _____

A E-MAIL: _____ Can we send you a free gift for pet insurance via email? _____

D Emergency Contact: _____ Employer: _____

O Spouse/Roommate Name _____ How did you hear about the HHS? _____

P DO YOU: Rent _____; Own _____;

T Apt _____; House _____; Condo _____; Mobile Home _____; Townhome _____

E Owner/ Landlord's Name: _____ Phone :(_____)_____

R How long at present address? _____

Number of adults in household? _____ Number of children living in home? _____ Ages _____

Who will be responsible for pet? _____

Anyone in household allergic to animals? Yes / No Have you ever had a pet? Yes / No

Have you ever applied for adoption at HHS? Yes / No Have you ever surrendered an animal? Yes / No

What pets have you **had**, or currently **have** in your household?

	Type	Kept Where	Time Owned	Pet's Name	Breed	Pet's Age	Still Own?	Living?
Pet#1	Cat / Dog	In / Out	_____	_____	_____	_____	Y / N	Y / N
	IF not Living what happen? _____							
Pet#2	Cat / Dog	In / Out	_____	_____	_____	_____	Y / N	Y / N
	IF not Living what happen? _____							
Pet#3	Cat / Dog	In / Out	_____	_____	_____	_____	Y / N	Y / N
	IF not Living what happen? _____							

Current VET CLINIC for these animals? _____ Phone: (_____)_____

Client name listed with above Vet clinic: _____ Date of last visit: _____

Why do you want a pet CIRCLE ALL THAT APPLY? ♦ House pet ♦ Companion ♦ Company for other pet ♦ Hunter ♦ Guard/Watch Dog
 ♦ Fighting Dog ♦ Gift for someone ♦ Mouser ♦ Service Dog

How will the pet be confined on your property CIRCLE ALL THAT APPLY? ♦ Fenced yard/ How tall is the Fence _____ ♦ On leash
 ♦ Garage/ Does the garage have A/C and Heat _____ ♦ In house ♦ Patio/ How big is the Patio _____ ♦ Dog Door
 ♦ Other _____

What will you do with the animal when/if you move? _____

Where will the pet be kept, at its current age, during the day? House Yard Garage Work Other _____

Where will the pet be kept, at its current age, during the night? House Yard Garage Work Other _____

If you must give this pet up for **ANY** reason, do you agree to return pet to the HHS? Yes / No

Number of hours pet will spend alone? _____ What will you do if your pet is destructive? _____

If this pet is sick or heartworm positive, do you want to: Treat at your expense? ____ or Pick another pet? ____

I/WE CERTIFY THAT THE ABOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I/we understand the HHS reserves the right to verify any and all information given and that the HHS reserves the right to refuse adoption to anyone. I/we have given the responsibility of pet ownership serious consideration and seriously want to adopt. I/we understand there will be no refund of my/our adoption donation unless I/we provide HHS with a letter of rejection for health reasons signed by a Veterinarian within 72 hours of the adoption date, and return the adopted animal.

Signed _____ Date _____

ID: _____ **Land lord contacted:** ___/___/___ by _____;

Restrictions: _____

Animal Up To Date; Yes or No **What Vaccinations needed?:** _____

AVI# _____

Call for pick up:

Date: ___/___/___ by _____ **results:**

Date: ___/___/___ by _____ **results:**

Date: ___/___/___ by _____ **results:**

Meet and Greet; Date: ___/___/___ **With Whom:** _____

Completed M.G. Yes___ **No**___

Scanned/Input into Pet Point

Date: _____ **By:** _____

Notes:

