

HHS Pre - Adoption Application – CANINE, FELINE

(Office Use Only: PetPoint ID _____ AVI# _____ Name of Pet _____)

Name _____ Home:(_____) _____ Cell : (_____) _____
 Address _____ City _____ Zip _____
 A E-MAIL: _____ Can we send you a free gift for pet insurance via email? _____
 D Employer _____
 O Spouse/Roommate Name _____ Phone: _____
 P Your Emergency Contact: Name _____ Phone: _____
 T DO YOU: Rent _____ Own _____ Apt _____; House _____; Condo _____; Mobile Home _____; Townhome _____
 E Owner/ Landlord's Name: _____ Phone :(_____) _____
 R How long at present address? _____ Anyone in household allergic to animals? Yes / No
 Number of adults in household? _____ Number of children living in home? _____ Ages _____
 Who will be responsible for pet? _____
 Have you ever applied for adoption at HHS? Yes / No Have you ever surrendered an animal to a shelter? Yes / No

What pets do you currently have in your household?

| | Type | Kept Where | Time Owned | Pet's Name | Breed | Pet's Age | Spayed / Neutered |
|---|------------------|------------------|------------|------------|-------|-----------|-------------------|
| P | Pet #1 Cat / Dog | Inside / Outside | _____ | _____ | _____ | _____ | Yes / No |
| E | Pet #2 Cat / Dog | Inside / Outside | _____ | _____ | _____ | _____ | Yes / No |
| T | Pet #3 Cat / Dog | Inside / Outside | _____ | _____ | _____ | _____ | Yes / No |

Are your pets current on their vaccinations? Yes / No

I Are your dogs on Heartworm Prevention? Yes / No If yes, what Brand? _____

N Do you own any other types of pets? Yes / No What type _____

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

O **More than one VET CLINIC? Name:** _____ Phone: (_____) _____

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

Tell us about other animals you have had in the past but no longer have. Type, Breed, Age and why you no longer have them.

Tell us why you are interested in adopting a pet: _____

Where will the pet be kept during the day? House Yard Garage Work Other _____

Where will the pet be kept during the night? House Yard Garage Work Other _____

Describe how you will keep the pet confined to your property: _____

If kept outside for any period of time, what type of shelter will be provided? _____

How many hours will the pet spend alone? _____

What will you do if your pet is destructive? _____

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

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

Heartworm Treatment/Adoption Special

There are some wonderful dogs available for adoption who are Heartworm Positive. Houston Humane Society is offering a special fee which will cover the adoption and Heartworm treatment. If you are interested in adopting one of these amazing dogs, please let us know and the process will be explained to you.

If you are interested in adopting an animal under 6 months of age, please complete section on back page.

Caring for an animal under 6 months of age requires a commitment of time and patience. Younger animals cannot be left unattended for long periods of times. Left to their own devices, puppies and kittens can get into trouble and even danger.

Describe any experience you have had caring for an animal under 6 months of age:

Are you prepared for a puppy or kitten who is not housetrained? Yes / No

Are you familiar with crate training to help housetrain and keep your pet safely secured when not at home? Yes / No

What methods will you use to housetrain/litter train a puppy or kitten? _____

Are you prepared for a puppy or kitten who may want to chew or claw at personal items? Yes / No

What methods will you use to prevent chewing or destructive behavior? _____

How will you keep your puppy or kitten safely secured when you are not at home? _____

Are you willing to provide the series of vaccinations and preventive medical care needed for an animal under 6 months of age? Yes / No

Some common symptoms that a puppy or kitten may be ill, include diarrhea, vomiting, coughing, not eating, and being lethargic. It is important to seek medical advice as soon as these symptoms occur as waiting could be fatal.

How will you handle a situation if your pet becomes ill? Bring to Houston Humane Clinic for free examination and treatment _____

Return pet to Houston Humane Society for exchange _____ Take pet to my veterinarian for examination and treatment at my expense _____

Are you interested in receiving information on (please check): Crate Training _____ Litter Box Training _____ Heartworm Prevention _____

Leash/Obedience Training _____ How to prevent Chewing/Destructive Behavior _____ No thank you _____

I/WE CERTIFY THAT THE ABOVE IS TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I/we understand that 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 are aware of the responsibilities of owning a pet. 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 _____

HHS OFFICE USE ONLY

Driver's License or Current ID: Type _____ # _____ Exp _____ / _____

How was address on application verified? _____

Landlord Contacted: ___ / ___ / ___ by _____; **Results:** _____

Animal Medical Records Up To Date: Yes / No **What is needed?** _____

Meet and Greet with adopters pet: Date: ___ / ___ / ___ Met With : _____ Completed M.G. Yes _____ No _____

Adoption: _____ Approved _____ Pending _____ Denied _____ By Whom: _____

Notes: _____

Call for pick up:

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

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

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

Scanned/Input into Pet Point : Date: _____ By: _____