

PID ____ PAD ____ DF/DAF ____ RAV/PPH ____ L/AS ____

Humane Society & Shelter SouthCoast

Animal's Name: _____ or

Wishlist: _____

ALL Fields must be filled out!

Date: ____/____/____

**Adoption fees: Local Dogs = \$425 All Cats = \$240
Out of State Dogs = \$575**

Name: _____

Address: _____ PO BOX: _____

Town: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work # _____

Owner 1 Job: _____ Owner 2 Job (spouse): _____

Email address: _____

*** If you own or rent, we will need proof of ownership, and landlord approval. ***

THIS MUST BE DONE WITHIN 24 HOURS OF YOUR APPLICATION, OR YOUR APPLICATION WILL NOT BE PROCESSED.

You: Own Rent Live with parents Other, please explain: _____

How long at address? _____

How many people live in your house? Adults: _____ Children: _____ Children's Ages: _____

Landlord's contact information:

Name: _____ Phone: _____

Are you moving in the next 6 months? Yes No If Yes, where/ when? _____

Do all household members know your adopting a pet? Yes No

Do any household members have allergies? Yes No If Yes, please explain: _____

Have you adopted/applied with us before? Yes No If yes, type of animal: _____ Year: _____

Do you still have this pet? Yes No If no, why: _____

Are you adopting a pet for any of the following reasons? (Check all that apply)

Outside guard dog Companion Gift

Do you currently own/have you owned any pets in the last 5 years? Yes No

Name: _____ Species: _____ Age: _____

Name: _____ Species: _____ Age: _____

Name: _____ Species: _____ Age: _____

Where are they now?

Deceased, what year did they pass? _____ Gave Away Ran Away

Were or are your pets up to date on vaccinations? Yes No

Were/are your pets spayed/neutered? Yes No

Where do your pets live: Strictly inside, with walks outdoors Outside In a kennel

This pet will live: Strictly inside, with walks outdoors Outside In a kennel

We will contact your veterinarian to ask about past and present pets:

Hospital: _____ Number: _____

Vet records are under this owners' name: _____ Pets name: _____

*** You must give your vet permission to speak to us. ***

THIS MUST BE DONE WITHIN 24 HOURS OF YOUR APPLICATION, OR YOUR APPLICATION WILL NOT BE PROCESSED.

Is your yard fenced in? Yes No Height: _____ Type: _____

How will you restrain your adopted pet outdoors? _____

How many hours will your pet be home alone? _____ Where will it be kept? _____

Where will this pet stay if you go on vacation? Family Friend Boarding facility

Are you willing to make EVERY attempt to rectify any undesirable behavior should it occur?

Ex. Crate training, obedience, etc.... Yes No

Are you willing to incur the cost of future veterinary treatment such as, yearly physicals with vaccinations as well as any sick or emergency care? Yes No

SHOULD YOU BE UNABLE TO KEEP THIS ANIMAL, FOR ANY REASON, DO YOU AGREE TO RETURN IT TO THE HUMANE SOCIETY & SHELTER SOUTHCOAST? Yes No

I understand that falsification or omission of any of the above information will result in automatic refusal or confiscation of the animal. I understand that the Humane Society and Shelter SouthCoast has the right to deny my application. I give permission for my veterinarians to release my record- past and present to the Humane Society & Shelter SouthCoast representative. I understand if I do not provide necessary documentation or information needed to approve my application within 24 hours, my application will be denied. This form will be held on record for 3 months, thereafter, if still actively looking for a pet you will need to fill out another.

Signature _____ Date: _____

Email to tmartin@hsssc.org or rduffy@hsssc.org