

WELCOME TO THE WASHINGTON COUNTY HUMANE SOCIETY, INC.

Small Animal Adoption Application

In order to be considered for an adoption, you must:

- Be 18 years of age
- Have the knowledge and consent of all adults living in your household.
- Have verifiable identification. DL # _____ DOB _____
- Have landlord's consent to bring an animal onto the property, or be able to provide proof of home ownership
- Understand that The Washington County Humane Society has the right to deny your application.

So that we may be assured that the animal you want to adopt will be best suited to you, your home, and lifestyle, and be placed in an environment that is compatible with its needs, we would like you to provide us with the following information:

Name(s)		Home Phone No.	
Address		City	State
Employer's Name		Work Phone No.	
Landlord's Name		Landlord's Phone No.	
Zip			

1. List all type(s) of pets you have owned during the past 5 years?

Name	Type/Breed	Kept Where	Age	Spayed/Neutered?	Sex	Still Own
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Y <input type="checkbox"/> N

2. If you no longer have the above pet(s), please explain what happened to it (them).

3. Do you live in a: House Apartment Duplex Condo Mobile Home Do you: Rent Own

4. Please provide the following information about your household:

No. of adults: _____ Relationships _____ Ages of children: _____

5. Where will your pet be kept during: The day _____ Night _____

6. Do you plan to let your pet exercise outdoors? Yes No If yes, will you keep your pet: On a leash
 Roaming free Unattended Other: _____

7. **If you are adopting a bird** - birds can be very loud and may cause noise complaints in communal living situations. Are you prepared to deal with this potential problem? Yes No

By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that The Washington County Humane Society has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application.

Signature: _____ Date: _____

For WCHS Office Only (Animal Info):

Adoption Counselor: _____ Date: _____

Invoice #: _____ Animal Breed: _____ Animal Name _____ Altered? _____

Signer # _____ Date Called Back _____ Pickup Date _____

Have existing pets in home met potential adoptee? _____ Microchip wanted? _____ Proof of H.O. needed? _____

Approved **Denied** Old DB Checked PetPoint Checked Staff Initials _____

Reason denied: _____

Landlord approval: Pets OK Pets not OK Vet verification: Vet check OK Vet check not OK

Comments: _____
