

James A. Brennan Memorial Humane Society

Application for Animal Adoption

Name _____ Age _____

Address _____ Home Phone _____

City State Zip _____ Work Phone _____

Single _____ Married _____ Number Of Children _____ Ages _____

Spouse/Roommate Name _____ Work Phone _____

Do You: Own _____ Rent _____ House _____ Apartment/Flat _____ Mobile Home _____

If you rent, Landlord's Name _____ Phone Number _____

Is your mobile home in a trailer park? Yes _____ No _____ Park Name _____

Where will the pet be primarily kept? (be specific) _____

Are you looking for a: Cat _____ Dog _____ Kitten _____ Puppy _____ Is this pet a gift? Yes _____ No _____

Is this pet for your household? Yes _____ No _____ if not, explain _____

Is someone home during the day? Yes _____ No _____ How long will pet be alone? _____

Please list any other pets in the household: _____

Veterinarian Name/Phone: _____ Do you have a fenced in yard? Yes _____ No _____

Food and Veterinary care estimates at \$500.00 or higher per year. Can you financially support a pet? Yes _____ No _____

Are you aware of the dog control laws where you live (i.e. Leash laws, dog licenses)? Yes _____ No _____

A new pet will need time to adjust to you and your environment, how long would you consider for an adjustment time? _____

Have you ever adopted from us? Yes _____ No _____ if yes, when? _____ Where is the pet now? _____

Have you ever given up an animal? Yes _____ No _____ if yes, to whom? _____ Why? _____

Please provide us with two references and a phone number (non-relative)

1. _____ Phone _____

2. _____ Phone _____

By signing this adoption application I am accepting all risks associated with handling animals during the adoption process. I also further attest that the information given is true. I realize that giving false information will result in your application being denied.

Signed _____ Date _____

Shelter Use Only

Shelter Agent _____ Approve _____ Disapproved _____

Comments _____

Date Adopted _____ License Number _____ Rabies Number _____

Follow-up Phone _____ Home visit _____ Shelter Agent _____ Date _____

Comments _____