



adoption application

Application Date: _____ Animals Name: _____ App #: ___ of ___ / ___
INITIAL

First Name: _____ Last Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Driver's License State: _____ Driver's License #: _____

Date of Birth: _____ E-mail: _____

Occupation: _____ Name of current employer: _____

How long at current job: _____ If less than 1 year, please state how long at your previous job: _____

Personal References (NOTE: NO FAMILY MEMBERS PLEASE)

Reference 1:

Full Name: _____ Relationship: _____

Phone #: _____ Alternate Phone #: _____

E-mail: _____ Best Time to Call: _____

Reference 2:

Full Name: _____ Relationship: _____

Phone #: _____ Alternate Phone #: _____

E-mail: _____ Best Time to Call: _____

Do you own or rent your home? **Own Rent Other** _____

If renting, do you have your landlord's permission to keep a Pet? **Yes No**

Landlord's Full Name: _____

Landlord's Phone: _____

Do you live in a: **Apartment House Other** _____

How long have you lived at this address?: _____

NOTE: If you live in a condominium/co-op, or your house is a part of a homeowner's association, prior to adoption, you will need to provide a copy of the bylaws, rules and regulations of such association stating that there are no restrictions regarding owning a Pet. If there is a limit on the number of pets you are allowed, please note the limit on the copy of the bylaws.

Do you have a fenced yard? **Yes No** Does the fencing completely enclose a yard for the Pet? **Yes No**
Fence Height: _____ Fence Type: _____

If no fence, how will you handle the Pet's exercise and toilet duties?

How many adults in household? _____ How many children? _____

Please list age and gender of children

CHILD 1

AGE: _____

CHILD 2

AGE: _____

CHILD 3

AGE: _____

CHILD 4

AGE: _____

Are all family members in agreement about adopting a Pet? **Yes No**

Do you own cats? **Yes No**

How many? _____ Are they spayed/neutered? **Yes No**

NOTE: If you currently own a pet or have owned one in the last 10 years, your vet's name is required to process your application. If you cannot supply a vet reference, please give the reason why.

Do you have a regular veterinarian? **Yes No** How long have you been with this vet? _____

Vet Full Name: _____

Vet Address: _____ Vet phone number: _____

If no Vet Reference, please provide a reason: _____

For all Pets you presently own, give name, age, sex, breed and if spayed/neutered:

PET 1

NAME: _____ BREED: _____

AGE: _____ GENDER: _____ Are they spayed/neutered? **Yes No**

PET 2

NAME: _____ BREED: _____

AGE: _____ GENDER: _____ Are they spayed/neutered? **Yes No**

If you have more than 2 pets, please list the other(s) name(s), gender(s), age(s) and breed(s): _____

Give name, age, sex, breed, if spayed/neutered, and what happened to all Pets that you have owned in the past 5 years, but no longer have, listing the years you owned them: _____

Have you owned a Rescue Pet before? **Yes No**

List all plans for this Pet (Circle those that apply): **Pet Guard Dog Hunting Obedience Herding Agility**

Other: _____

What gender do you want to adopt? **No Preference Male Female** Age Preference: _____ Size Preference: _____

Where will Pet spend the day? (Circle those that apply) **Loose Indoors Crated Basement Garage Fenced Yard**

Kennel Other (Please Explain): _____

On average, how many hours will the Pet spend without human company each day? _____

Where will Pet spend the night? (Circle those that apply) **Loose Indoors Crated Basement Garage Fenced Yard**

Kennel Other (Please Explain): _____

Do you understand that the HSBC requires this Pet to be spayed or neutered? **Yes No**

Would you be willing to allow someone designated by the HSBC to visit your home by appointment? **Yes No**

If not, why?

I hereby swear that the answers given by me on this application are true and complete and to the best of my knowledge. I grant the Humane Society of Bay County to obtain a criminal background check in any state as necessary.

Applicant Signature

Date

Co-Applicant Signature

Date

FOR OFFICE USE ONLY **Approved** _____ **Disapproved** _____ **Staff Name** _____