



# Adoption Application

**Animal Interested in:** \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

**In order to be considered as an adopter today, you must:**

- Be 21 years of age or older
- Have current shot records on any current animal in household
- Pay adoption fees
- Be willing and able to provide training, medical care and loving attention
- Recommend bringing current dogs to meet our shelter dogs
- Recommend bringing household members

What are your reasons for wanting a pet?

- Watchdog
- Companion
- Hunter
- Breeder
- House pet
- Mouser
- Companion for other pets
- For children
- Gift for \_\_\_\_\_
- other \_\_\_\_\_

- Own house
- Own condo
- Rent a house
- Rent apartment/mobile home/etc.
- Government housing
- Boarding
- Other: \_\_\_\_\_

If you rent what is the name and phone number of your landlord, condo association, apartment complex:

\_\_\_\_\_

How long have you lived at current address? \_\_\_\_\_

Are you planning on moving within the next 6 months?  YES  NO

If you move, what will you do with your pets? \_\_\_\_\_

Do you have access to a yard?  YES  NO The yard is:  OPEN  ENCLOSED Height of fence: \_\_\_\_\_

Who will be responsible for the care of the pet? \_\_\_\_\_

Length of time during the day pet will be left alone? \_\_\_\_\_

Where will pet be kept during day? \_\_\_\_\_ Night? \_\_\_\_\_

Does anyone in household have animal allergies? \_\_\_\_\_

Have you ever adopted from this shelter before? YES NO when? \_\_\_\_\_

Have you ever brought an animal to an animal shelter under any circumstances? YES NO  
 what was the reason? \_\_\_\_\_

Including yourself, please list the NAMES and AGES of all members of your household:

Name	Age	Name	Age

Name of your Veterinarian or Veterinary Hospital \_\_\_\_\_

PET HISTORY: **In the past 5 years.** what pets have you owned (include those pets that have passed)? What pets do you have currently in your home? Please include all animals at the residence whether you own them or not. Also, include any small caged pets & barnyard animals.

Name	Breed or type	Age	Sex	Spayed or neutered?		Kept where?		If no longer owned, what happened to the pet?
				yes	no	in	out	

Do you object to the Humane Society inspecting your premises?  YES  NO

Please check ALL the following topics you would like to discuss with the Adoption Counselor:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Cost          | <input type="checkbox"/> Digging              | <input type="checkbox"/> Introducing other pets | <input type="checkbox"/> Jumping            |
| <input type="checkbox"/> Barking       | <input type="checkbox"/> Vaccinations         | <input type="checkbox"/> Indoors vs. Outdoors   | <input type="checkbox"/> Crate Training     |
| <input type="checkbox"/> Housebreaking | <input type="checkbox"/> Obedience Training   | <input type="checkbox"/> Declawing              | <input type="checkbox"/> Feeding            |
| <input type="checkbox"/> Exercising    | <input type="checkbox"/> Introducing Children | <input type="checkbox"/> Litter training        | <input type="checkbox"/> Scratching objects |
| <input type="checkbox"/> Other _____   |   |   |   |

**THERE ARE SOME DAYS THAT THE ADOPTION PROCESS CAN TAKE 1-2 HOURS:** You will be talking to our staff or volunteers, meeting and socializing with the pet you are interested in, reviewing the responsibilities that you will assume, and learning about inoculations, training, food, etc. All of this can take time, but it is time well invested, considering that a well-cared for dog or cat may live 10-18 years! Therefore, we ask for your patience and cooperation in this joyful process of bringing people and animals together.

*I HEREBY RELEASE TO THE GULF COAST HUMANE SOCIETY, INC. ALL VETERINARY RECORDS OF ANY AND ALL ANIMALS I OWN OR HAVE OWNED. I CERTIFY THAT I AM 21 YEARS OF AGE OR OVER AND THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND I UNDERSTAND THAT FALSE INFORMATION OR UNANSWERED QUESTIONS MAY VOID THE APPLICATION. I ALSO UNDERSTAND THAT THE GULF COAST HUMANE SOCIETY RESERVES THE RIGHT TO DENY ANY ADOPTION APPLICATION.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STAFF USE ONLY:			
<input type="checkbox"/> VET CHECKED	<input type="checkbox"/> LANDLORD CHECK	<input type="checkbox"/> ADOPTER CHECK	Counselor Initials _____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED (specify reason) _____	<input type="checkbox"/> PENDING	<input type="checkbox"/> PLACED ON HOLD until _____
ANIMAL ID # _____		ANIMAL NAME _____	
Comments: _____			
_____			