



## Adoption Application

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

- have the knowledge and consent of all adults living in your household
- have a valid photo I.D.
- address verification
- landlord's name and telephone number (or copy of current lease)

The Humane Society of Southwest Missouri must approve your application prior to adoption and reserves the right to refuse an adoption if it is determined that the adoption is not in the best interest of the animal.

Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_ Age: \_\_\_\_\_

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

1. What type of pet are you looking for?  
DOG CAT MALE FEMALE ADULT PUPPY KITTEN  
Size: \_\_\_\_\_

2. Do you want a particular breed? If yes, what breed? \_\_\_\_\_

3. Do you want this pet for: COMPANION PROTECTION BREEDING GIFT  
OTHER \_\_\_\_\_

4. This pet will be without human companionship for about \_\_\_\_\_ hours  
per day, \_\_\_\_\_ days per week.

5. Where will your pet be kept during the day? (circle all that apply)  
INDOORS OUTDOORS DOG PEN CRATE BASEMENT GARAGE  
OTHER \_\_\_\_\_

During the night? INDOORS OUTDOORS DOG PEN CRATE BASEMENT  
GARAGE OTHER \_\_\_\_\_

6. Do you plan to let your cat outdoors? YES NO Do you prefer a declawed cat?  
YES NO

7. Where do you live? HOUSE APARTMENT CONDO MOBILE HOME  
OTHER \_\_\_\_\_  
\_\_\_\_\_ I RENT \_\_\_\_\_ I OWN \_\_\_\_\_ WITH MY PARENTS

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Does your landlord allow pets? YES NO DON'T KNOW  
Deposit required? \_\_\_\_\_ Monthly rent increase? \_\_\_\_\_

9. Do you have a fenced yard? YES NO  
If fenced, please describe the height and type: \_\_\_\_\_

10. Please provide the following information about your household:  
Number of adults: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

11. Is anyone in your family allergic to animals? \_\_\_\_\_ CATS DOGS

12. What will you do with your pets if you move in the future: \_\_\_\_\_  
\_\_\_\_\_

13. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet? \_\_\_\_\_

14. Would you be willing to allow a representative from the shelter visit your home before the adoption is completed? \_\_\_\_\_

15. Have you adopted an animal from us before? \_\_\_\_\_

16. What type(s) of pets do you own or have owned in the last 5 years?

| Name | Type | Breed | Age | Neutered | Still Own? |
|------|------|-------|-----|----------|------------|
|      |      |       |     | YES NO   | YES NO     |
|      |      |       |     | YES NO   | YES NO     |
|      |      |       |     | YES NO   | YES NO     |
|      |      |       |     | YES NO   | YES NO     |

17. Who is (was) your veterinarian for the above animals?  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

18. Do you realize that a dog or cat may live 15 or more years? YES NO

19. It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES NO

20. How do you plan to house train your dog? \_\_\_\_\_  
\_\_\_\_\_

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application. I understand that this application is property of the Humane Society of Southwest Missouri and will not be returned to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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| <p><b>Office use only</b><br/>Landlord Check _____ Vet Check _____ DNA Check _____ Address Verification _____ I.D. Check _____<br/>Application denied? Reason: _____<br/>Entered in Petpoint _____ Entered By: _____</p> |
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