**Humane Society & Shelter SouthCoast**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Animal`s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Wishlist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*ALL Fields must be filled out! \*** .

**To be considered for adoption you need to INITIAL all that applies below:**

1. Have the consent of all adults living in your household-\_\_\_\_\_\_\_\_\_
2. Have your landlords’ consent to have the pet on their property: -\_\_\_\_\_\_\_\_
3. All owned pets past/present must be spayed or neutered-\_\_\_\_\_\_\_\_
4. All owned pets past/present must have an established vet-\_\_\_\_\_\_\_\_
5. All owned pets past/present must be up to date on all vaccines-\_\_\_\_\_\_\_\_
6. **Must be 21 years of age to adopt\_\_\_\_\_\_\_\_\_**
7. **I understand that it is not the first applicant taking for the HSSSC animals.**

**It’s the most suitable fit home the HSSSC feels is right for that animal \_\_\_\_\_\_\_\_\_\_**

1. **I understand that the shelter reserves the right to refuse the adoption of any animal \_\_\_\_\_\_\_\_**
2. **Adoption fees: Dogs = $600 \_\_\_\_\_\_**
3. **Adoption fees: Cats = Under 1 year old $290\_\_\_\_\_\_\_Cats 1 year and over $240 \_\_\_\_\_\_\_**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt/Unit #\_\_\_\_\_\_\_\_\_

PO BOX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner 1 Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner 2 Job (spouse): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: Please Print Clearly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* If you own or rent, we will need proof of ownership, and landlord approval.**

**\*THIS MUST BE DONE WITHIN 24 HOURS OF YOUR APPLICATION, OR YOUR APPLICATION WILL NOT BE PROCESSED.**

You: □ Own □ Rent □ Live with parents □ Other, please explain: \_\_\_\_\_\_\_\_ How Long at address? \_\_\_\_\_

How many people live in your house? Adults: \_\_\_\_\_\_\_\_ Children: \_\_\_\_\_\_\_\_ Children`s Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord’s or Parents’ contact information: **Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you moving in the next 6 months? □ Yes □ No If Yes, where/ when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do all household members know you’re adopting a pet? □Yes □ No

Do any household members have allergies? □ Yes □ No If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any unforeseen circumstances should arise in the future, please list the name, and phone number of the person that will care for your pet.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever owned a Dog □ Yes □ No / Cat □ Yes □ No

Have you adopted/applied with us before? □ Yes □ No If yes, type of animal: \_\_\_\_\_\_\_­­­­­\_\_\_\_ Year: \_\_\_\_\_\_\_

If you’ve adopted from us, do you still have this pet? □ Yes □ No If no, why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Check all that apply) You are adopting a dog for what reasons? □ Outside guard dog □ Companion □ Gift

Do you currently own/have you owned any pets in the last 5 years? □ Yes □ No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dog/cat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Where are they now? □ Deceased, what year did they pass? \_\_\_\_\_\_\_ □ Gave Away □Ran Away □

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dog/cat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Where are they now? □ Deceased, what year did they pass? \_\_\_\_\_\_\_ □ Gave Away □ Ran Away □

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dog/cat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Where are they now? □ Deceased, what year did they pass? \_\_\_\_\_\_\_ □Gave Away □ Ran Away □

Were or are your pets up to date on vaccinations? □ Yes □ No Spayed/neutered? □ Yes □ No

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet records are under this owners’ name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pets’ names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will call the vet to release vet records from your past and or previous pet □ Yes □ No

**\* You must give your vet permission to speak to us. \***

**THIS MUST BE DONE WITHIN 24 HOURS OF YOUR APPLICATION, OR YOUR APPLICATION WILL NOT BE PROCESSED.**

This pet will live: **Dog**: □ Strictly inside, with walks outdoors/ bathroom □ Outside □ In a kennel

**Cats**: □ Strictly inside □ Indoor/Outdoor □ Barn Cat □ Outdoor Only

Have you ever surrendered an animal to a shelter? □ Yes □ No If yes, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply: How will your **Dog** receive daily exercise? □Fenced in yard □ Tied Outside □ Leash walk □ Electric fence □ Runner  □ Outside Kennel (**Cats**: Does not apply)

Is your yard fenced in? □ Yes □ No Height: \_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will you restrain your adopted pet outdoors? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours will your pet be home alone? \_\_\_\_\_\_\_\_\_\_\_\_

Where will your **Dog** be kept when no one is home? □ Outdoors □ Basement □ Crate □ Garage

□ Daycare/Boarding □ Free roam of the house □ Confined to one area

Do you plan to alter your pet in any way? **Ex.** -docking of tail, pinning of ears, declawing □ Yes □ No

Are you willing to make **EVERY** attempt to rectify any undesirable behavior should it occur?

**Example -** Crate training, obedience training, scratching posts, etc.… □ Yes □ No

Since shelter animals have unknown medical histories, are you prepared to provide and pay for any necessary medical treatment that may occur after adoption? □ Yes □ No

Are you willing to incur the cost of future veterinary treatment such as, yearly physicals with vaccinations as well as any sick or emergency care? □ Yes □ No

**SHOULD YOU BE UNABLE TO KEEP THIS ANIMAL, FOR ANY REASON, DO YOU AGREE TO RETURN IT TO THE HUMANE SOCIETY & SHELTER SOUTHCOAST? □ Yes □ No**

I understand that falsification or omission of any of the above information will result in automatic refusal or confiscation of the animal. I understand that the Humane Society and Shelter SouthCoast has the right to deny my application. I give permission for my veterinarians to release my record- past and present to the Humane Society & Shelter SouthCoast representative. I understand if I do not provide necessary documentation or information needed to approve my application within 24 hours, my application will be denied. This form will be held on record for 3 months, thereafter, if still actively looking for a pet you will need to fill out another.

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

Email to: [tmartin@hsssc.org](mailto:tmartin@hsssc.org) or cwheeler@hsssc.org