



ADOPTION APPLICATION

ID#: P _____ HSWC Rep: _____ Date: _____ Time: _____ am/pm

Animal Name: _____ ID#:A _____ Feline/Canine/Other _____

ADOPTER INFORMATION:

Name as it appears on the driver's license:

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone: _____ Cell Phone: _____

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

E-mail Address: _____

Emergency Contact: _____ Phone #: _____

HOUSEHOLD INFORMATION:

How long have you lived at the above listed residence? _____ Do you Own _____ Rent _____

Have you lived at your current address less than 2 years? Yes/No If yes, please list previous address:

List ages of people in your home: _____

List names of all adults in your home: _____

Does everyone in your home know you want to adopt an animal? Yes No

Describe your household: Calm Busy/Active Noisy/Hectic

What is your reasoning for wanting to adopt this animal?: _____

Where did you first hear about this animal? (Please circle all that apply)

Visiting HSWC Website Herald-Mail Facebook Adoption Event Other _____

Where will this animal live? Inside Outside

If this animal is outside how will you keep it contained? _____

Who will care for this animal in case of emergency? Family Members Neighbors Boarding

What would cause you to not keep this animal? Move Aggression Separation Anxiety
Allergies Destructive Behavior House Soiling Expecting a baby Other _____

Would you be willing to work with a trainer? Yes No

PETS CURRENTLY IN THE HOME:

of dogs _____ Are they all spayed/neutered? Yes/No If no, explain _____

of cats _____ Are they all spayed//neutered? Yes/No If no, explain _____

VETERINARY REFERENCE:

Facility Name: _____ Phone# _____

The information I have provided is true. I understand that any false statements or omissions will be considered during the process. I understand this application does not guarantee adoption of this animal. I understand that HSWC reserves the right to deny the adoption of any animal at any time.

Signature: _____ Date: _____

Staff Review Initials _____