



ADOPTION PROFILE

(Please print)

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip		E-MAIL Address	
Have you ever applied for adoption with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year:			Date of birth
Place of employment			Work Telephone ()

Homesetting

Own Rent
 House Apt. Mobile

Length of residence: _____

Do you live with your parents?

Yes No

Number in household:

_____ adults
 _____ children (ages _____)
 _____ dogs
 _____ cats
 _____ other (_____)

Animal Environment

Hours of the day the pet spend:
 _____ Outside _____ Inside
 _____ Confined _____ Alone
 _____ Socializing

Where will your pet live?

_____ Fenced yard _____ Inside
 _____ Outside _____ Dog Run
 _____ Chained _____ Other

Height of fence if applicable: _____

If your pet lives outside, what type of shelter will you provide?

Individual Preferences

Do you plan to spay or neuter your pet?

Yes No

Who are you adopting this pet for?

Do you or anyone in your family have allergies to dogs or cats?

Yes No

What type of pet are you looking for? (please circle all that apply)



Active



Outside



Walker



Breeding



Lap hound



Guard dog



Couch Potato



Hunting



Working



Short hair cat



Longhair cat



Kitten



Guinea Pig



Rabbit



Bird



Ferret

(Continued on back)

List the animals that have lived in your household in the past five (5) years:

Pet's name/Breed	Age	Sex	Spayed or Neutered	Current on Vaccinations ?	Still have? What happened?	Kept where?

Name of Veterinarian clinic used: _____ Phone #: _____

Name of Landlord/Mobile Home Park _____ Phone #: _____

What do you estimate the yearly expense of owning this pet to be? _____

If you move, what will you do with your pets? _____

Is someone able to let this pet out during the day? Yes No

Do any of your neighbors have livestock? Yes No

Are you aware of the city and county laws regarding pets, including city licensing and leash laws? Yes No

What behaviors are you **unwilling** to work with?

- | | | |
|---|--|---|
| <input type="checkbox"/> Biting | <input type="checkbox"/> People Aggression | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Not Housebroken/litter trained | <input type="checkbox"/> Animal Aggression | <input type="checkbox"/> Fearful, shy or timid |
| <input type="checkbox"/> Scratching/clawing furniture | <input type="checkbox"/> Food/Toy Aggression | <input type="checkbox"/> Fence jumper/escape artist |
| <input type="checkbox"/> Marking/territorial | <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Chewing/Destructive behavior |
| <input type="checkbox"/> Other: _____ | | |

Do you understand that an animal's behavior in the shelter may be different than the behaviors exhibited in the home?

Yes No

It may take your new pet six weeks or longer to adjust to your home, sometimes longer, if other pets are involved. Are you prepared to allow this much time to adjust?

Yes No

Have you ever brought animals to HHHS?

Yes No

Have you ever applied to adopt from HHHS?

Yes No

If yes, where is that animal now? _____

Signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand the Helping Hands Humane Society has the right to deny my request to adopt an animal. I authorize the investigation of all statements in this application. I authorize the request of all veterinarian records by the Helping Hands Humane Society. I understand this application is the property of the Helping Hands Humane Society.

Signature _____

Date _____

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

Profile approved _____	Profile disapproved _____	Reason: _____
Vet verification _____		
Landlord verification _____		
Pet approved _____	Pet ID # _____	Room visitation _____ Business Office _____