



ADOPTION PROFILE

<i>(please print)</i> Last Name	First	Date
Spouse/Partner Last Name	First	Primary Phone #
Street Address	Apt./Lot #	Secondary Phone #
City, State, Zip		Date of birth
Email Address		Driver's License #

Home Setting	Animal Environment	Individual Preference
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Rent to own Landlord/Apartment Name & Phone # _____ _____ <i>*Adoption Counselors have to verify home ownership or landlord approval prior to adoption approval.</i> <input type="checkbox"/> House <input type="checkbox"/> Mobile <input type="checkbox"/> Apt. <input type="checkbox"/> Townhome <input type="checkbox"/> Condo <input type="checkbox"/> Duplex Are you moving in the near future? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Do you live with your parents, a family member, or a friend? <input type="checkbox"/> Yes <input type="checkbox"/> No Number in household: _____ adults _____ children (ages _____) _____ dogs _____ cats How often do children visit the home? <input type="checkbox"/> Daily <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely Ages of children: _____	Where will your new pet live? <i>(Check all that apply)</i> <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Dog Run <input type="checkbox"/> Barn <input type="checkbox"/> Garage Percentage of the day the pet spends: _____ Inside _____ Outside Height of fence if applicable: _____ Where will this pet be kept when you are not home? <input type="checkbox"/> Crated <input type="checkbox"/> Outside <input type="checkbox"/> Free Range of Home <input type="checkbox"/> Chained <input type="checkbox"/> Garage/Barn <input type="checkbox"/> Other _____ Do you or any of your neighbors have livestock? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the clinic name and phone # _____ _____	Who are you adopting this pet for? _____ When will you be ready to adopt? <input type="checkbox"/> Today <input type="checkbox"/> This week <input type="checkbox"/> This month <input type="checkbox"/> Near future What type of pet are you looking for? <i>(Check all that apply)</i> Dogs _____ <input type="checkbox"/> Hypoallergenic <input type="checkbox"/> Active/Walker <input type="checkbox"/> Hunting <input type="checkbox"/> Breeding <input type="checkbox"/> Farm Hound <input type="checkbox"/> Couch Potato Cats _____ <input type="checkbox"/> Active/Playful <input type="checkbox"/> Short Hair <input type="checkbox"/> Long Hair <input type="checkbox"/> Declawed <input type="checkbox"/> Lap Cat <input type="checkbox"/> Mouser Do you or anyone in your home have allergies to: <input type="checkbox"/> Dogs <input type="checkbox"/> Cats

(continue to back)

List the animals that currently live in your household:

Pet's Name & Breed	Age	Sex (M/F)	Spayed/neutered?	Current on Vaccinations?	Adopted from HHHS? When?	Kept where?

Are all the members in the household in agreement with adopting a new pet? Yes No

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

Have you ever adopted or applied to adopt from HHHS? Yes No

If yes, where is that animal now? _____

Have you ever brought stray animals or surrendered animals to HHHS? Yes No

Have you ever had to rehome a pet? Yes No

If yes, why? _____

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

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

Yes No

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 _____ Business Office _____

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Adoption Counselor Notes:
