



**Cat**

**Dog**

**ADOPTION APPLICATION**  
**(Making a 10 – 20 year Commitment)**  
**Humane Society of Wayne County**

ID#	
Animal's Name	
Current Date	
P/U Date	

**PLEASE PRINT**

Last name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

Phone #s: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ Is it OK to Call at Work? Check box if yes.

Are you 18 years of age or older? Check box if yes.

If not 18 or older, parent's/guardian's signature witnessed by a HSWC staff member is required below:

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Household composition: # Adults? \_\_\_\_\_ # Children? \_\_\_\_\_ Children's Ages \_\_\_\_\_

Does anyone in the household suffer from allergies to animals? Check box if yes.

Do you **OWN** your house? Check box if yes. If yes, skip to "Why do you want to adopt an animal?"

Do you **OWN** a mobile home? Check box if yes. If yes, skip to "Why do you want to adopt an animal?"

If in a mobile home park, park owner's name: \_\_\_\_\_

Park owner's phone #: (\_\_\_\_) \_\_\_\_\_

For **RENTORS**: Rental agent's name: \_\_\_\_\_

Rental agent's phone #: (\_\_\_\_) \_\_\_\_\_

Is a security deposit required? Check box if yes.

Is there an additional monthly rental fee? Check box if yes.

Why do you want to adopt an animal? \_\_\_\_\_

If adopting a **CAT**, will this cat live inside? Check box if yes.

If adopting a **DOG**, will this dog live inside? Check box if yes.

How will the dog be confined outside? \_\_\_\_\_

How will the dog get exercise? \_\_\_\_\_

What would you do with the animal if you moved? \_\_\_\_\_

How did you hear about us? Word of mouth \_\_\_\_\_ Flyer \_\_\_\_\_ Radio/TV \_\_\_\_\_ Print media \_\_\_\_\_  
Internet site (which one?) \_\_\_\_\_ Other \_\_\_\_\_

**PLEASE LIST ALL CATS AND DOGS YOU HAVE OWNED IN THE PAST 5 YEARS**

Pet's Name	Dog/Cat	Breed	Age	Sex	Altered?	If no longer in the household, what happened to the pet?

Is your pet(s) vaccinated against rabies? Check box if yes.

Is your pet(s) vaccinated against distemper? Check box if yes.

**If CAT(S)** in the household:

Have your cat(s) been tested for feline leukemia (FeLV)? Check box if yes.

Have your cat(s) been tested for feline "AIDS" (FIV)? Check box if yes.

For food and vet care, are you prepared to spend about **\$300** per cat per year? Check box if yes.

**If DOG(S)** in the household:

Do you give your dog(s) heartworm prevention medicine? Check box if yes.

Is your dog(s) licensed? Check box if yes.

For food and vet care, are you prepared to spend about **\$600** per dog per year? Check box if yes.

What vet hospital(s) do you use? \_\_\_\_\_ Hospital Phone #: (\_\_\_\_) \_\_\_\_\_

What name are the vet records under at the vet hospital? \_\_\_\_\_

If you wish to receive updates about shelter activities and information about animals and animal care, please

**PRINT** your e-mail address \_\_\_\_\_

- **I understand that falsification or omission of any of the above information will result in an automatic application denial.**
- **I authorize the release of my name and information for the exclusive use of Hills Science Diet so that I may receive promotional discounts, coupons, and other information from them.**
  - **Do not release my information to Hills Science Diet**
- **I give permission to my vet hospital to release any records pertaining to my animals or animals that I have owned to the HSWC for the purpose of processing my application.**

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

**The Humane Society of Wayne County reserves the right to deny this application.**

**FOR HUMANE SOCIETY USE ONLY**

Driver's License # \_\_\_\_\_

Adoption fee	
S/N Deposit	
Total	

Approved \_\_\_\_\_ Denied \_\_\_\_\_ By whom? \_\_\_\_\_