



# ANIMAL ADOPTION APPLICATION

ANIMAL NAME \_\_\_\_\_ ID# \_\_\_\_\_

Welcome to the Humane Society of Erie County (HSEC). Please complete this application so that we may assist you in selecting the right animal for you, your family and your lifestyle. There will be a minimum 24 hour waiting period to allow us to process your application, contact references, landlord (if applicable), and for you to carefully consider your decision to adopt a pet for life. The HSEC has the right to deny any application for justified reasons.

**FALSIFICATION OF INFORMATION PROVIDED TO THE HSEC IS CAUSE FOR DENIAL OF ANY ANIMAL IN THE SHELTER. PLEASE BE ADVISED THAT WE DO THOROUGH BACKGROUND CHECKS ON EVERYONE WHO APPLIES TO ADOPT ONE OF OUR ANIMALS AND WE RESERVE THE RIGHT TO DENY YOU BASED ON BACKGROUND RESULTS.**

**Release for Veterinary Reference (to be completed by potential adopter)**

I hereby give permission for any veterinarian providing services to me to release medical information on any/all of my animals to the HSEC \_\_\_\_\_ DATE \_\_\_\_\_

Have you adopted from the HSEC before?  YES  NO If so, when? \_\_\_\_\_

Did you adopt a DOG or CAT? (Please circle one) Email Address \_\_\_\_\_

**Adopters & Spouse/Companions full name/s**

\_\_\_\_\_

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

COUNTY \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

If you lived at this address LESS than 2 years, previous address \_\_\_\_\_

I live in a  House  Apartment  Mobile Home  Condo  Land Contract

Do you OWN your home?  YES  NO If you rent, does your landlord allow pets?  YES  NO

Have you discussed having a pet with your landlord?  YES  NO

Apartment Complex & Landlord Name \_\_\_\_\_

Landlord Phone # (MANDATORY) \_\_\_\_\_ Breed or size limit? \_\_\_\_\_

Do you live with your parents /other adults?  YES  NO We MUST contact your parents/ adults who live in the same home to make sure they are in agreement with your animal adoption.

Do you have a fenced in yard?  YES  NO How will you restrain your animal? \_\_\_\_\_

Do you plan on moving in the next 2 years?  YES  NO

If you do plan to move, who will keep your animals for you? \_\_\_\_\_

Are there any children living in your home?  YES  NO If so, ages \_\_\_\_\_

Do children frequently visit your home?  YES  NO If so, ages \_\_\_\_\_

Do any of the children have a fear of animals? Dogs Cats (circle appropriate answer)

Will having children in the future affect your ability to keep and care for this animal?  YES  NO

If yes, please explain \_\_\_\_\_

Does anyone in your home have allergies/Asthma due to Cats/Dogs?  YES  NO

### **QUESTIONS REGARDING ADOPTION OF A PET FROM THE HSEC**

Aside from taking my pet outside to go to the bathroom, where will my pet be kept? \_\_\_\_\_

How long will this pet be left alone during the day? \_\_\_\_\_ Hours \_\_\_\_\_ Days/week

Where will this pet be kept while you are away from home? \_\_\_\_\_

Are you aware that this pet may NOT be house trained?  YES  NO

Where is this pet going to sleep? \_\_\_\_\_

Are you willing and able to purchase a crate if needed/advised?  YES  NO

Do you realize that this animal may chew items in your home?  YES  NO

Do you realize that this animal will shed and may require regular grooming?  YES  NO

Have you ever given an animal to a family member, friend, dog pound or shelter?  YES  NO

If YES, why? \_\_\_\_\_

Do you have other pets living in your home?  YES  NO

Do you understand that any pets in your home now should be up to date on vaccinations, etc. before you bring a new pet into your home? YES  NO

### **LIST CURRENT PETS LIVING IN YOUR HOME TODAY (MANDATORY) & ANIMALS YOU OWNED IN LAST 2 YEARS**



**ANIMAL NAME    BREED OF ANIMAL    AGE    SEX    SPAY/NEUTERED    HOUSED INSIDE/OUTSIDE**

---

---

---

---

**Please list your current Veterinarian or who cared for your pets previously.**

**THE HSEC WILL CONTACT YOUR VETERINARIAN.**

**What owner name is your animal/s registered with your Veterinarian?**

NAME of Veterinarian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Other than your present pets, have you had other pets in the past 5 years?     YES     NO

Reason for not having them now \_\_\_\_\_

Have you carefully considered all the added expenses of pet ownership and ready/willing to take on those extra costs?     YES     NO

Are you willing to take your animals for their routine Veterinarian care?     YES     NO

Have you considered the added time that is necessary for proper care of your new pet and if so, are you willing to provide that time?     YES     NO

Who will be the primary care-giver of this pet? \_\_\_\_\_

**It takes up to a full month for animals to get acclimated to a new environment. Are you willing to allow the necessary time it may take for your new pet to adjust to your home, your schedule and your other pets?**

YES     NO

Do you understand that the HSEC does not guarantee the health of its animals and that immediate medical care (at your expense) may be necessary?     YES     NO

Have you ever visited our web site or Facebook page?    If so, which social media \_\_\_\_\_

Have you listened to us on Morning Mix Mutts 102.7?    Y    N

Have you seen our available pets on petfinder.com?      Y    N

I am capable of handling and interacting with the animal I propose to adopt and I am prepared to demonstrate this to the satisfaction of the HSEC. **I understand that completion of this application is NOT a guarantee that I will be allowed to adopt a dog or cat of my preference, and that the HSEC has the right and responsibility to deny any adoption. By submitting this application, I give permission to the HSEC to investigate and confirm the information that I have provided.**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**Do you currently have home owners/renters insurance?** Homeowners \_\_\_\_\_ Renters \_\_\_\_\_

Name of Insurance Company (ie. Progressive, State Farm. Etc) \_\_\_\_\_

Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_

**I GIVE THE HSEC PERMISSION TO CONTACT MY INSURANCE AGENT FOR PROOF OF ACTIVE INSURANCE**

Signature \_\_\_\_\_

**For HSEC use ONLY**

Landlord contact date: \_\_\_\_\_ Landlord Response \_\_\_\_\_

Adoption Approved    YES    NO      Date \_\_\_\_\_    Adoption Denied      YES    NO

Reason Adoption Denied \_\_\_\_\_

Interviewers Name \_\_\_\_\_ Date \_\_\_\_\_

**COMMENTS:**