

# The Greater Hillsdale Humane Society

## Pet Adoption Application

\*This is for office use only\*

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

Pet ID & Name: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Thank you for taking the time to consider adopting a pet from our shelter. The information you provide will help us in finding the best companion pet for you & your family. **You must have all information filled out before adopting.**

### People Info: (Please Print)

Name: \_\_\_\_\_ Driver's License: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Pager/Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: (if applicable) \_\_\_\_\_

Circle all that apply: Own Rent House Apt. Mobile Condo Other: \_\_\_\_\_

Apartment Community Name: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of years at residence: \_\_\_\_\_ # of Adults: \_\_\_\_\_ # of Children: \_\_\_\_\_ Children's Ages: \_\_\_\_\_

Does anyone in the household have any animal related allergies? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

**Pet Info:** Are you a: First time pet owner - (home visit may be required) Had one or two Had several Had several +

Current Veterinarian: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Have you ever surrendered an animal to GHHS before? \_\_\_\_\_

### Current Pets: (You MUST fill this section out for all pets you currently have)

Type: \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
How Long: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: F M  
Spayed Neutered Neither  
Kept: In Out Both

Type: \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
How Long: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: F M  
Spayed Neutered Neither  
Kept: In Out Both

Type: \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
How Long: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: F M  
Spayed Neutered Neither  
Kept: In Out Both

### Past Pets: (You MUST fill this section out for pets that you have had in the past)

Type: \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
How Long: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: F M  
Spayed Neutered Neither  
Kept: In Out Both

Type: \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
How Long: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: F M  
Spayed Neutered Neither  
Kept: In Out Both

Type: \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
How Long: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: F M  
Spayed Neutered Neither  
Kept: In Out Both

PLEASE TURN OVER

**Your New Pet:**

Why have you chosen to have this pet? (Circle all that apply)

Companion      Protection      Additional Pet      Children      Other: \_\_\_\_\_

Is this pet for you? \_\_\_\_\_ If not, for whom? \_\_\_\_\_ Relationship: \_\_\_\_\_

How do you plan to housetrain your pet?      Crate      Paper      Outside      Litter train

What would you do if the pet has an accident in the house: \_\_\_\_\_

How long will the pet be alone at home? \_\_\_\_\_ Where will pet be kept during this time? \_\_\_\_\_

Where will your pet be housed?      Inside      Outside      Both

When outside, how will your pet be contained?      Fenced in yard      Leash      Cable      Not Contained

What arrangements do you have for your pet in cases of emergencies, vacations, etc.? \_\_\_\_\_

Do you understand that Michigan Law mandates that all animals adopted from a shelter be neutered or spayed within 30 days of adoption or at age 6 months?      YES      NO

**Personal Info: (Please Print)**

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

Address: \_\_\_\_\_

Length of time employed at present employer: \_\_\_\_\_

Reference (not in the home): Name \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_

**Pet Commitment: (Please read the following statement and sign below)**

In order to be considered for adoption you must realize that the adoption of an animal is a life long commitment to the animal. You must also realize the financial responsibility you take on when you bring another member into your household. You need to be willing to spend the time and money necessary to provide proper training, medical treatment, and care for a pet.

I certify that the information given in this consultation for a companion animal is true and correct to the best of my knowledge. I also understand that The Greater Hillsdale Humane Society has the right to refuse an adoption due to the information or circumstances that will not be beneficial to the animal. I must be 18 years of age or older and have identification of present address when adopting.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_