



***** FOR OFFICE USE ONLY *****

Time turned in: _____ Time adoption began: _____

EOD Date: _____ PETPOINT NUMBER: _____

PET ADOPTION APPLICATION

Welcome to the San Antonio Humane Society. Please take a few minutes to read and complete this information. We will do our best to find the right pet for you but we need **YOUR** help. Your responses will help us place you with the perfect pet for your lifestyle. Please answer each question completely and honestly. We cannot process incomplete applications – if any information is left blank, we will ask you for it. The information is confidential and will not be used for any other purpose. If you decide to adopt, it will become part of your adoption record. If you do not find the pet you are looking for today, or decide not to adopt, we will keep the information on file for 90 days so you won't have to complete it again the next time you visit.

In order to be considered as an adopter today, you must:

- Be 18 years or older.
- Have a current state or military identification.
- Be able to pay the adoption fee today.

• **PET APPLYING FOR:** _____ **ANIMAL NUMBER:** _____

DOG

CAT

***** PLEASE PRINT LEGIBLY *****

Adopter Information:

Are you Over **18 Yes/No**

Name of Adopter: _____ Date of Birth: _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Email: _____
(Will guarantee receipt of Pet Insurance)

Number of Children in Home: _____ Ages: _____

Household Information (Please circle one that applies to you)

Are there any pet restrictions associated with your home that you are aware of: _____

Do you: **Own** **Rent** **Live With Parents** **Military Housing** **School Housing**

(Please understand that if for any reason your new pet violates any pet restrictions we will take the pet back, but your adoption fee is non – refundable.)

At any time on a regular basis will your new pet live anywhere else other than the address listed above? _____

If so, please list the address here: _____

Animal History Information: List current pets and any within the past 5 years.

Name of Pet	Breed/Type of Pet	Spayed/ Neutered	Vet Visit This Year	Rabies Vaccination	On Heartworm Prevention	Indoors/ Outdoors Both?
		YES NO	YES NO	YES/NO YEAR:	YES NO	
		YES NO	YES NO	YES/NO YEAR:	YES NO	
		YES NO	YES NO	YES/NO YEAR:	YES NO	
		YES NO	YES NO	YES/NO YEAR:	YES NO	
		YES NO	YES NO	YES/NO YEAR:	YES NO	
		YES NO	YES NO	YES/NO YEAR:	YES NO	

Veterinarian’s Name/ Clinic: _____ Phone: _____

Please take a moment to tell us about your home and expectations for your new pet.

I am adopting a pet today because _____

How would you rate your pet ownership experience level?

_____ First-Time Guardian _____ Have Had Pets in the Past _____ Very Experienced

What characteristics or behavior habits are you NOT willing to work with? _____

How will you train your new pet?

_____ At Home with the Family

_____ Take a Class with a Trainer

_____ Use a Board and Train Facility

_____ I don't Know

_____ Other

Can you tell us how many consecutive hours a day your pet will be home alone? _____

Please tell us where your new pet will be housed:

- When people are home _____
- When no one is home _____
- At Night _____

How will you keep your new pet on your property when it is outside? _____

How big do you want your new pet to be when fully grown?

Small _____

Medium _____

Large _____

Extra Large _____

Any Size _____

Please tell us who/what you would like for your pet to get along with:

Dogs _____

Children Under 12 _____

Cats _____

Children Over 12 _____

Birds _____

Other: _____

Please tell us how you learned about the San Antonio Humane Society:

Previously Adopted Here _____

Friend _____

Radio _____

Other: _____

TV _____

Newspaper _____

Are there any other topics that you would like to know about? _____

Please read the following CAREFULLY. Please circle Yes Or No

Do you understand that all vaccinations, test and vet care from the time I take my new pet home will be my responsibility and that the San Antonio Humane Society will not be liable for any present or future illness or any needs of my adopted pet? **Yes / No**

Do you understand the local rules and regulations (ordinances) pertaining to the leash law (for cats as well as dogs), and rabies vaccinations and licensing? **Yes / No**

Do you understand that owning an animal means that you will have to pay for food, vet bills, and anything else that your new pet may require? The normal annual cost of pet ownership for a healthy adult animal is about \$750.00. It can be more for young or senior animals. **Yes / No**

I certify that all statements and answers to the about questions on this application are true and that any false information any result in denial of this application. **Yes / No**

I understand that if my application is not approved, it is not for reasons of personal bias but for the welfare of our animals and part of the policy set forth by our board of directors. I also understand that the San Antonio Humane Society can make no guarantees as to the temperament and / or health of this animal. **Yes / No**

I understand that I am adopting a living creature and as such the San Antonio Humane Society can make no guarantees as to the temperament and / or health of this animal. **Yes / No**

I understand that once this application has been turned in to the adoption counselor, the answers I have provided may not be changed, that this application is now the sole property of the San Antonio Humane Society. **Yes / No**

I understand that by adopting a pet from the San Antonio Humane Society I am agreeing to allow my personal information, excluding date of birth and id numbers, to be given to Science Diet, 24 Pet Watch Shelter Care, VCA and Sea World for purposes of continued medical support for my adopted pet, promotional updates and that any of these companies may contact me via telephone or e-mail. My personal information will not be sold or distributed from any of these companies. **Yes / No**

Signature

Date

*******FOR OFFICE USE ONLY*******

Counselor:_____

Time Completed:_____

I.D. Viewed YES/NO

Staff Initials': _____

Pending Notes: _____
