

Humane Society of Clayton County & S.P.C. A.

Request for Adoption

Name _____ Phone _____

Address _____

City, State, Zip Code _____

E-mail Address _____

Are you interested in adopting: Dog Cat

Name of animal you are interested in adopting _____

Residence: Own Rent

If you rent, landlord's name and phone # _____

Does your landlord require a pet deposit? _____ Has it been paid? _____

Does your landlord have a weight limit? _____ What is it? _____

Is your yard fenced? _____ What kind? Chain Link Privacy Other

Employer: _____

Length of employment: _____

Employer's address: _____

Work phone: _____

How many adults live in your home? _____

How many children live in your home? _____ Please list their ages _____

Does anyone in the home have allergies? _____

Would you describe your family as "active"? _____

Does everyone in the home want a pet? _____

Who will be the pet's primary caretaker? _____

Is size a concern? _____ Will shedding be a problem? _____

If size or shedding is a problem, please explain: _____

Where will your new pet spend majority of time? _____

Where will your new pet sleep? _____

Where will your new pet be kept during a normal work day? _____

Is there any area of the home or property that will be "off limits to new pet? _____

If "yes" to previous question, where and why: _____

How will your new pet get exercise? _____

If application is for a cat, do you plan to declaw this cat? _____

If "yes" to previous question, please explain: _____

If family is relocated, what will happen to pets? _____

Current Pets: Please list

How many? _____

Pet's name: _____ How long? _____

Pet's name: _____ How long? _____

Pet's name: _____ How long? _____

Are current pets: Inside Outside Access to both

Explain: _____

Are your current pets vaccinated? Yes No

Are your current pets spayed/neutered? Yes No

Are your current pets on heartworm preventative? Yes No

Brand/name of heartworm preventative: _____

If you have cats, have they been tested for Feline Leukemia and Aids? Yes No

Current Veterinarian

Name of Vet: _____ Phone _____

Name your file is under: _____

Previous Pets: Please list

Pet's name _____ What happened to pet? _____

Pet's name _____ What happened to pet? _____

Veterinarian used for these pets _____ Phone _____

Applicant's signature _____ Date _____

Note: By signing this request for adoption, you affirm that all information provided is correct.

STAFF USE ONLY

Vet records checked _____ **Date** _____ **Initials** _____

Staff comments: Please initial _____
