

**WIREGRASS HUMANE SOCIETY
P.O. BOX 1045, DOTHAN, AL 36302, (334)792-6693**

**PET ADOPTION APPLICATION
(PLEASE PRINT)**

Cat ___ or Dog ___

Pet's Name _____

NAME: _____ E-MAIL: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

This application is to help determine if the proposed adoption is in the best interest of both the pet and your family.

Is this pet specifically for your household? Yes / No

Do you have any pets now? Yes / No Please list: _____

Are your pet(s) vaccinations current? Yes / No.

If you have a dog(s), are they on heartworm preventative? Yes / No

Do you live in a house? ___ Apartment? ___ Mobile Home? ___ Other? ___

Do you own? ___ Rent? ___ Landlord's Name/Phone: _____

VERIFIED BY: _____

If you move in the future, what will you do with your pets? _____

Number of adults in household: _____

Child(ren)'s ages in household (including non-custodial children who visit): _____

How many hours per day will the pet be alone (on a regular basis)? _____

Will the pet be kept primarily inside or outside? _____

If outside, what kind of shelter do you have for the pet? _____

Do you have a fenced yard? ___ Fence height: ___ Fence type: _____

If there is no fence, how will you assure that the pet will stay home/not get lost? _____

What will you do if your new pet does not get along with your present pets? _____

Your new pet may take at least two months to adjust to its new home. Are you will to allow it this much time to adjust? _____ If not, why? _____

Is anyone in your home allergic to animals? _____

More Information on the Back Please

Would you object to follow-up calls by the Humane Society to check on the new pet's progress? _____
If yes, why? _____

Most shelter animals have unknown medical and social backgrounds. We do our very best to place only healthy animals up for adoption. However, in a shelter environment, animals can become sick regardless of the preventative care given. For this reason, do you agree to take this pet for a complete vet exam within ten days after the adoption, and to follow-up on all vaccinations as recommended by the veterinarian? _____

Have you ever adopted from here before? _____ If yes, dog or cat? _____ When? _____

Where is the pet now? _____

Have you ever brought an animal to us or to Animal Control? _____ If yes, when? _____

For what reason? _____

Please check all that apply: I want a new pet for:

_____ House pet _____ Breeder _____ Fighting Dog _____ Hunter
_____ Companion _____ Mouser _____ Guard Dog _____ Companion for present pets
_____ Other, explain: _____

_____ Gift for someone. If so, with whom and where will the pet reside: _____

How many other pets and/or children reside in this home, if a gift? _____

Who is your veterinarian? _____

***Certain pets will require a home visit and/or "meet and greet" with other pets and/or children currently in the home. The staff member reviewing your application will advise you if this applies to the pet you want to adopt. If you are not sure if this applies to you and the staff member does not mention either, please ask. Delays in having these items completed, can result in a delay in you getting to take your new pet home.**

I CERTIFY THAT THE ABOVE INFORMATION IS THE TRUE AND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.

ADOPTER: _____ **DATE:** _____

WHS STAFF: _____ **DATE:** _____

Meet and greet completed by: _____ **Date:** _____

Approved: _____ **or Denied:** _____

Home visit completed by: _____ **Date:** _____

Approved: _____ **or Denied:** _____