

# ADOPTION APPLICATION



**T**o help us match you with the animal of your choice **please answer the following questions truthfully**. If any part of your application is verified to be untruthful after the adoption you will be asked to surrender the animal back to the Humane Society of Davie County and pay all costs relating to the adoption.

ANIMAL \_\_\_\_\_

BREED \_\_\_\_\_

DATE \_\_\_\_\_

Have you filed for adoption with HSDC prior to today?

- Yes
- No

Have you ever had an application declined for an adoption of an animal from an animal welfare group/ animal control facility?

- Yes
- No

IF YES, WHERE? \_\_\_\_\_

PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONTACT INFORMATION

NAME \_\_\_\_\_

SPOUSE'S NAME (IF MARRIED) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## EMPLOYMENT INFORMATION

PLACE OF EMPLOYMENT \_\_\_\_\_

WORK PHONE \_\_\_\_\_

POSITION \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

HOW LONG HAVE YOU WORKED AT  
YOUR CURRENT PLACE OF EMPLOYMENT? \_\_\_\_\_

## HOUSEHOLD INFORMATION

Are you willing to have a HSDC representative visit where the animal will be living?

- Yes
- No

Type of residence

- House
- Condominium
- Mobile home
- Apartment

Do you own your house, condominium or mobile home?

- Own
- Rent

Are pets allowed where you reside?

- Yes
- No

LANDLORD'S NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

HOW LONG HAVE YOU LIVED  
AT YOUR PRESENT ADDRESS? \_\_\_\_\_

Do you anticipate moving within the next 6 months?

- Yes
- No

My family consists of...

NUMBER OF ADULTS \_\_\_\_\_

NUMBER OF CHILDREN \_\_\_\_\_

AGES OF CHILDREN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you interested in adopting this animal for (check one)...

- Yourself?
- Family?
- Someone else?

Is any member of your household allergic to pets?

- Yes
- No

Are all family members aware that you are considering adopting a pet?

- Yes
- No

Do they all approve?

- Yes
- No

What reason(s) do you want to adopt this pet? (Check all that apply)

- Watch dog
- Companion
- Barn cat or mouser
- Hunting dog
- Family pet
- Child's pet
- Guard dog for business
- Gift \_\_\_\_\_
- Companion for other pet

## FINANCIAL INFORMATION

✓ The average annual cost of veterinary care for a dog is \$385.

✓ The average annual cost of veterinary care for a cat is \$165.

Are you willing and able to assume these costs?

- Yes
- No

What is your average household income?

- Under \$15,000
- \$15,000 – \$25,000
- \$25,000 – \$50,000
- \$50,000 – \$100,000
- Over \$100,000

## PET INFORMATION

Please list all pets currently at your home and any that you have owned in the past 5 years.

PET'S NAME	MALE/ FEMALE	DOG OR CAT	BREED	AGE	SPAYED OR NEUTERED?	HEARTWORM PREVENTION? (DOGS ONLY)	WHERE IS THE PET KEPT?

Vaccinations are given by (check one of the following)

- Veterinarian
- Vaccination clinic (documentation must be provided)
- Given personally (receipt of vaccines must be provided)

Have you owned other pets in the past that are no longer in your possession?

- Yes
- No

If YES, WHY ARE THEY NO LONGER IN YOUR POSSESSION? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will there be someone home with your pet during the day?

- Yes
- No

What is the greatest number of hours the pet will spend alone?

Day \_\_\_\_\_ Night \_\_\_\_\_

Where will the pet spend most of its time?

- Crate
- Basement
- Lot
- Garage
- Fenced yard
- House/living area

Where will your new pet's primary sleeping quarters be?

- Crate
- Basement
- Lot
- Pet bed
- Garage
- Fenced yard
- House/living area
- With owner

If you are planning on adopting a dog, do you have a fenced-in yard?

- Yes
- No

If no, when your dog is outside, how will you control it?

- Leash
- Chained
- Electric fence
- Run loose

What plan do you have if you can no longer safely provide for this animal?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VETERINARY INFORMATION

List each vet/animal hospital where your animal(s) received care over the previous 10 years. If more than one veterinarian was used, please explain and provide approximate service dates. **This application cannot be processed unless each veterinarian's phone number is provided.** If the space provided is insufficient, please use an additional sheet of paper and attach to this form.

VETERINARIAN \_\_\_\_\_

PHONE \_\_\_\_\_

VETERINARIAN \_\_\_\_\_

PHONE \_\_\_\_\_

What owner name(s) are the pets' records listed under?

\_\_\_\_\_  
\_\_\_\_\_

Please provide two personal references who are not members of your family.

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

*I officially state that the information specified on this application is accurate and truthful. If I am approved by the Humane Society of Davie County to adopt an animal, I agree to act in accordance with the policies set forth in this application. I understand that failure to comply with any of the requirements will result in confiscation of the adopted animal. I authorize all references, including vets, to release information pertinent to this application.*

APPLICANT  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT NAME  
(PLEASE PRINT) \_\_\_\_\_

## FOR OFFICE USE

Spoke with \_\_\_\_\_

Animals get routine care?

Yes  No

Comments \_\_\_\_\_

Up to date on vaccinations?

Yes  No

Comments \_\_\_\_\_

Spayed/Neutered??

Yes  No

Use heartworm preventative?

Yes  No

Considered good client/pet owner?

Yes  No

## FOR OFFICE USE

Application Received \_\_\_\_\_

\_\_\_\_\_ Employment Verified

\_\_\_\_\_ Veterinarian Records Reviewed

\_\_\_\_\_ References Contacted

Board Representative

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Adoption Center Coordinator

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

HM-0310



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