

HUMANE SOCIETY OF STANISLAUS COUNTY
APPLICATION FOR ADOPTION

Animal you are interested in adopting: _____

Name of Applicant: _____

Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____

Street Address (No P.O. Box): _____

City: _____

State: _____

Zip: _____

Email Address: _____

Name of Co-Applicant: _____

Relationship: _____

How long have you lived at this address?

_____ years _____ months

Do you rent or own? Rent Own

(If you rent please provide us with your landlord information below:)

Select one:

Home Apartment Condo Duplex Other: _____

Are there any covenant or lease restrictions that prevent you from having a pet?

Yes/No

Name of Landlord: _____

Landlord Address: _____

Landlord City: _____

Landlord State, Zip: _____

Landlord Phone: (____) ____ - _____

Best time to call:

Alternate Landlord Phone: (____) ____ - ____

If you have children living in your home or that visit on a regular basis, please indicate their name, sex, and ages(s). (use additional pages if necessary)

Child 1:

Child 2:

Do you have a fenced yard? Yes/No

What type of fencing? _____

How high is the fence? _____

Where do you plan on keeping your Dog the MAJORITY of the time?

Where will your Dog sleep at night?

Where will your Dog stay when no one is at home?

Have you ever owned a Dog?

Yes/No

If you have other animals, please indicate what kind, including breed, age, spayed/neutered:

If you have owned animals in the past, what happened to those animals? Please provide details and reasons: (illness, accident, died, put to sleep, given away, sold, lost, stolen, turned in to shelter, behavior problems)

Are your current pets current on their vaccinations and heart-worm preventative (where applicable)?

Yes/No/Not Sure

Are you familiar with heart-worm preventative and the vaccinations that are necessary?

Yes/No/Not Sure

Please provide us with your veterinarian's name, address and phone number. They will be contacted for a reference.

Vet's Name: _____

Address: _____

Telephone: _____

What will you do if your Dog exhibits bad behavior? ie..being destructive, soiling the house, barking, etc.

Do you understand that your dog may not be housebroken and are you willing to take the time to properly house-train?

Yes/No/Not Sure

What are your preferences for your adopted dog? ie..age, sex, color, etc.

Would you be willing to adopt a dog with a medical condition (allergies, thyroid problem, etc).

Yes/No/Not Sure

Would you be willing to adopt a dog with a behavior problem (chewing, separation anxiety, fear of thunderstorms, not housebroken, etc.)

Yes/No/Not Sure

In the event your adoption application is approved, please indicate how you will arrange for transportation of your new pet:

How did you hear about us?

Web search engine/Friend or colleague/ Newsletter/Radio/Newspaper/Link from another site/Other
If other, please indicate: _____

Please write any additional comments here. Use this space to also indicate any health or behavior problems that you could NOT handle (dog aggression, cat aggression, daily medication, etc.)

By submitting this application, I declare that all of the above information I have given is true and complete, and that I have read and agree to all Adoption and Surrender Terms and Conditions.

Signed: _____ Date: _____



CORPORATE OFFICE

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www.humanestanislaus.org