

**Henderson County Animal Shelter**

**Adoption Application**

Completion of this application does not guarantee placement of an animal with the applicant.

Date \_\_\_\_\_ Please answer all questions

I'm interested in adopting (circle one) Dog Cat Name \_\_\_\_\_

Your Name \_\_\_\_\_ Spouse/Partners \_\_\_\_\_

Physical Address, City, Zip Code \_\_\_\_\_

Mailing Address, City, Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Do you expect to move in the next 6 months? Yes No

**Please Circle one** Do you: Own your home Rent your home Live with relatives

If you rent your home, Landlords name and contact # \_\_\_\_\_

People in your household: # of Adults \_\_\_\_\_ # of children under 6 \_\_\_\_\_ # of children 6 & older \_\_\_\_\_

Do children under 6 years of age visit your home? Yes No

What veterinary clinic do you use? \_\_\_\_\_ Are you under 21 years of age? Yes No

Have you ever adopted from HCAS before? Yes No If yes when? \_\_\_\_\_

Do you still have the dog/cat? Yes No If NO what happened to it? \_\_\_\_\_

**Please List the pets you currently own/or also live on the property (i.e. landlord's pets)**

Type and Breed of animals	Sex		Spayed or neutered		age	kept indoors or outdoors			current on <u>yearly</u> vaccinations	
	M	F	Yes	No		In	Out	Both	Yes	No
_____					_____					
_____					_____					
_____					_____					
_____					_____					

Do you have a fully fenced yard on all 4 sides? Yes No Type of fence & height \_\_\_\_\_

If no fencing, what other type of restraint is available? \_\_\_\_\_

What type of shelter (from wind, sun, and rain) is available for a dog? \_\_\_\_\_



Have you had an animal die from the parvo or distemper virus in the last 10 months **YES NO**

Do you understand that if you are not able to keep the animal that you are adopting, it can NOT be sold or given away and must be returned to the Henderson County Animal Shelter? **YES No**

**Dog preferences (please check)**

**Cat Preferences( please check)**

An outdoor, active, hiking type of dog\_\_\_\_\_

Outdoors only\_\_\_\_\_ indoors only\_\_\_\_\_

A small dog that could exercise in smaller spaces\_\_\_\_\_

Indoor/Outdoor\_\_\_\_\_

A big or small couch potato dog (indoors only)\_\_\_\_\_

Lap cat\_\_\_\_\_ Great Mouser\_\_\_\_\_

A well rounded family dog\_\_\_\_\_

If you are adopting a cat, will it be declawed? Yes No

What behaviors would you NOT tolerate in a dog?\_\_\_\_\_

Please list breed, age, sex and any other preferences you have:\_\_\_\_\_

This application will be considered without regard to race, color, gender, disability, religion, national origin or political belief.

**By signing below I hereby submit that the information provided by me is true. Any false information may result in my losing the privilege of adopting a pet from the HCAS. I understand that the HCAS has the right to deny my request to adopt an animal and that this application must be completed and approved, by the HCAS, before an animal may be considered. I authorize HCHS to contact Veterinarian(s) and landlord(s) to investigate all statements in this application and to do follow-up property checks.**

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

<b>HCAS USE ONLY:</b>
Date: _____ ID: _____
Adoption Counselor: _____
Landlord Approval: _____
Vet Records Check: _____
Approval: _____