

HUMANE SOCIETY OF RALEIGH COUNTY ADOPTION APPLICATION

Please answer all questions **honestly** and **completely**. Our first priority is to match our animals to their best suited forever homes. As such, completing this application does NOT guarantee approval of adoption.

Full Name (First, Middle, Last):	Date:			
Home Address:	City/Zip:			
Primary Phone Number (Cell or Home):	Alternate No:			
Date of Birth:	Driver's License/ID Number			
Employment Information				
Occupation:	Employer:			
Work Number	Email address:			
References				
Personal Reference Full Name:				
Relationship:	Phone Number:			
Emergency Contact Full Name:				
Relationship:	Phone Number:			
Animal Information				
Circle the type of animal you wish to ado	pt: Dog Cat Other:			
Animal's name:	ID Number			
Breed:	Age:			
General Information				
Why do you want a pet? Family	Gift Protection HuntingOther			
How long have you been looking to adop	t? Where have you been looking?			
Have you adopted/volunteered/fostered for	or a shelter or rescue before? Yes No			
If yes, for which shelters/rescues and who	en?			
Do you have any requirements for a pet?	(Personality, activity level) Yes No			
If yes, please describe.				
What is your schedule like on an average	day/week?			
Where would your pet(s) be contained du	ring your absence?			
Where will your pet(s) be kept at night? _				
Have you ever been charged with animal	cruelty or neglect? YesNo			

Please describe:							
Household Info	ormation						
How many peop	ole live in your hon	ne?	Ages:				
Would you allow	w HSRC to do a ho	me visit?	Yes		_No		
Anyone in your	home with allergie	s or asthma'	? Yes				
Any regular visitors to your home? Yes No Child			ldren _	Adu	ılts Animals		
My primary resi	idence is: Condo _	Apart	ment House	·	Mobile Ho	ome Other	
Do you rent or o	own your primary r	esidence? R	Rent	Own			
If your rent, is y	our rental pet frien	dly? Yes _	No	A	ny size/bre	eed restrictions?	
Landlord Name:	:		L	andlor	d Contact:		
Personal Pet H	<u>istory</u>						
Describe current	tly owned or cared	for pets.					
Name/Type	Spayed/Neutered	Age/Sex/	How long have	How long have you		Describe your pets	
of Pet		Breed	had the pet?		Out/	personality	
				1			
D	.1	1.6	15				
Describe previo	usly owned or care		last 5 years				
Name/Type	Spayed/Neutered	Age/Sex/	How long did	Indoo	ors/Out	What happened to pet?	
of Pet		breed	you have pet?	Both			
Have you ever g	given away a pet or	taken your	pet to a shelter or	pound	? Yes	No	
Please describe:							
						No	
-		-	_				
						No	
	s, have they been a				S	No	
If you have children, have they been around cats and/or dogs?						No	
Any pet behavior that you find unacceptable?			Ye	s	No		

If yes, please describe the problems and what you would do if it persisted?						
Vetting/Care Information for Adoption						
Are all of your personal pets current on vaccinations, including Bordatella? YesNo						
arian Name: Phone Number						
Address:						
How often do your pets go to the vet?						
If you have (or had) cats, were they tested for feline leukemia? Yes No						
What were the results?						
How would you deal with a vet bill of \$500+ for your owned pet?						
What is the limit you would spend on vet bills?						
Care/Miscellaneous Information						
Where will your pet be kept? Indoor/Outdoor Outdoor only Indoor only						
Outside on leash Other						
If your pet is allowed outside, will it have access to? Balcony Patio Garage						
Back and/or front yard Pet door Outdoor enclosure Other						
Is your yard fenced? If not and your pet will be in the yard, how will you keep it safe?						
What do you think is a reasonable amount of time to allow then animal to adjust to your home?						
How would you ease the adjustment?						
How do you plan to discipline your pet?						
How do you plan to introduce your new pet to the rest of the family, especially your pets?						
Potential Adopter Signature Date						
Printed Name:						
Shelter Representative Signature Date						
Printed: Name:						