



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 adopt: Dog Cat Other: _____

Animal's name: _____ ID Number _____

Breed: _____ Age: _____

General Information

Why do you want a pet? Family _____ Gift _____ Protection _____ Hunting _____ Other _____

How long have you been looking to adopt? _____ Where have you been looking? _____

Have you adopted/volunteered/fostered for a shelter or rescue before? Yes _____ No _____

If yes, for which shelters/rescues and when? _____

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 during your absence? _____

Where will your pet(s) be kept at night? _____

Have you ever been charged with animal cruelty or neglect? Yes _____ No _____

Please describe: _____

Household Information

How many people live in your home? _____ Ages: _____

Would you allow HSRC to do a home visit? Yes _____ No _____

Anyone in your home with allergies or asthma? Yes _____ No _____

Any regular visitors to your home? Yes _____ No _____ Children _____ Adults _____ Animals _____

My primary residence is: Condo _____ Apartment _____ House _____ Mobile Home _____ Other _____

Do you rent or own your primary residence? Rent _____ Own _____

If your rent, is your rental pet friendly? Yes _____ No _____ Any size/breed restrictions? _____

Landlord Name: _____ Landlord Contact: _____

Personal Pet History

Describe currently owned or cared for pets.

| Name/Type of Pet | Spayed/Neutered | Age/Sex/Breed | How long have you had the pet? | Indoors/Out/both | Describe your pets personality |
|------------------|-----------------|---------------|--------------------------------|------------------|--------------------------------|
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Describe previously owned or cared for pets in last 5 years

| Name/Type of Pet | Spayed/Neutered | Age/Sex/breed | How long did you have pet? | Indoors/Out Both | What happened to pet? |
|------------------|-----------------|---------------|----------------------------|------------------|-----------------------|
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Have you ever given away a pet or taken your pet to a shelter or pound? Yes _____ No _____

Please describe: _____

Have you had any animals to pass away from illness in the last year? Yes _____ No _____

Please describe: _____

Have any previous or current pets had any behavioral or health problems? Yes _____ No _____

Please describe: _____

If you have dogs, have they been around cats? Yes _____ No _____

If you have children, have they been around cats and/or dogs? Yes _____ No _____

Any pet behavior that you find unacceptable? Yes _____ 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? Yes _____ No _____

Veterinarian 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: _____