

ANTIETAM HUMANE SOCIETY, INC. ADOPTION APPLICATION

Applicant		Co-Applicant
Name (Last, First, MI)		Name (Last, First, MI)
Address		Address
City/State/Zip		City/State/Zip
Previous Address if less than 2 years at current		**Co-applicant's Previous Address if less than 2 years at current**
DOB		DOB
Phone #		Phone #
		Cell #
Email		Email
Place of Employment		Place of Employment

How many adults live in the home? _____ How many children? _____ Age of children: _____

List all adults in the home over 18 (Last, First, MI) including DOB

Is anyone in your household allergic to animals? Yes No

Do you live in a: House Apartment Mobile home Other

Do you: Own Rent Pay lot rent Live with family

Name, address and phone number of landlord: _____

Where do you plan on primarily keeping your pet? Indoors Basement Yard

Outdoor Kennel Tied outside Garage Other

If outside, do you have a dog box or a run with proper shelter? Yes No

How large is your property? _____

Is it fenced? _____ If no, how do you plan to keep the animal confined? _____

Do you currently have pets at home? Yes No , If yes, what kind(s)? _____

What are your pets names? _____

Have you owned any other pets in the past? Yes No If yes, what kind(s)? _____

List the names of your previous animals and the reasons you no longer have them from the past five years. Please only list animals that you have personally owned.

Have you ever surrendered any animal(s) to **ANY** shelter? Yes No

If yes, please explain. _____

Who is going to be responsible for this pet?

Who is/was your veterinarian and phone number?

Are you familiar with laws concerning rabies vaccinations for dogs and cats? Yes No

Are you familiar with dog leash & licensing laws? Yes No (If no, please ask for a brochure)

Do you wish to receive e-mail notifications from our adoption partners? Yes No

Please list name and phone number of 2 references not related to you.

1) _____

2) _____

Please read the following statements and initial beside them:

_____ I give permission for my veterinarian to release information pertaining to my animals' vaccinations, health, and overall medical history.

_____ I understand that AHS has the right to deny my application for any reason.

_____ I also understand that AHS does not have to disclose the reason for my application denial.

I certify the information within this application to be true and correct. I understand that completion of this application does not promise or guarantee adoption approval and AHS may refuse placement of an animal for any reason. I grant AHS permission to contact my veterinarian, landlord, or other references as listed above to assist in the adoption approval process.

DATE

SIGNATURE