

Approved____ Denied____ Animal Request _____
 JP_DNA__ PP__ VET_LL__ SPCA__ DL__ Ref 1__ Ref 2__ Dog__ Cat__ Other_____

All household members have visited ()Yes ()No
 Meet and Greet () Yes () No - Results ()Excellent () Good () Neutral () Negative _____ staff initial

Antietam Humane Society, Inc.
Adoption Application

Applicant 1
 Name (Last, First, Middle): _____
 Alias/other names: _____
 Current Address: _____
 City/ State/Zip: _____
 Previous Address (if less than 2 years at current):

 DOB: _____
 Primary Phone: ____ - ____ - ____ Cell__ Home__
 Secondary Phone: ____ - ____ - ____ Cell__ Home__
 Email: _____
 Place of Employment:

Co-Applicant
 Name (Last, First, Middle): _____
 Alias/ other names: _____
 Current Address: _____
 City/ State/Zip: _____
 Previous Address (if less than 2 years at current):

 DOB: _____
 Primary Phone: ____ - ____ - ____ Cell__ Home__
 Secondary Phone: ____ - ____ - ____ Cell__ Home__
 Email: _____
 Place of Employment:

How many people live in your household? _____

Name: Last, First, Middle	DOB	Relationship to Applicant

Does anyone in the house have a known allergy to any animal? _____

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Do you: Rent Own Pay Lot Rent Live with family

Do you live in a: House Apartment Mobile Home Other _____

If you do not own please provide the name and telephone number of the landlord or homeowner:

Name: _____ Phone Number _____

Do you anticipate to move in the future? Yes No If yes what would happen to the animal? _____

Cats Only: Will the cat you adopt be: Inside only Outside only Both indoor and Outdoor

Do you plan to declaw the cat? Yes No If yes, why? _____

Are any of your current cats declawed? Yes No I have no current cats

Dogs Only: Do you have a fenced in yard Yes No If yes how large is the fenced area and what is the height of the fence? _____ Fence Type Chain Link Wood Invisible

If no, how do you plan on keeping the dog confined? _____

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

Outdoor Kennel Tied Outside Garage Other _____

Do you have any pets at home? Yes No If Yes, please identify them below:

Name	Breed/Species	Age	Gender/ Spayed or Neutered	Is pet kept inside, outside or both

Do you currently have a veterinarian Yes No

If yes please provide your vet's name and phone number: _____

If no which veterinarian have you used previously? If applicable. _____

If you currently have pets, is this the vet who would have your pet's current rabies information? Yes No

If no please provide us with certificates of your pet's current rabies information

Have you owned any pets in the past? Yes No If Yes, please identify the ones you have owned in the last five years.

Name	Breed/Species	Age of animal when last with you	How long did he/she live with you?	Why do you no longer have this animal? (died of old age, lost, surrendered, etc):

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Have you ever surrendered an animal to **ANY** shelter? () Yes () No If Yes, please explain:

Who is going to be the primary caregiver and be responsible for this pet? _____

Are you willing to work with an animal that may not be houstrained () Yes () No

How long are you willing to work with the pet while he/she adapts to his/her new environment and family members? _____

If you are going away, who will care for this pet? _____

Under what circumstances would you need to return this pet to the shelter?

Is there any reason that would prevent you from caring for this animal? _____

Are you familiar with laws concerning rabies vaccination for dogs and cats? () Yes () No

Are you familiar with leash and licensing laws? () Yes () No

Do you wish to receive email notifications from our adoption partners? () Yes () No

Please list the name and phone number of two references not related or living with 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 understand that, if approved, AHS does not hold any animals, and I am not guaranteed any animal that I meet with or apply for.

** 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 _____