

REC # \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



**909 Columbia Blvd.,  
 Longview, WA 98632**

360-577-0151

Fax 360-414-0520

### **ADOPTION APPLICATION**

**Please answer the following questions. This will help us ensure the animal's continued wellbeing and help you get off to the right state**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expires \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Reason(s) why you are considering adoption:

Please be specific: \_\_\_\_\_

\_\_\_\_\_

Do you currently live in a:      House      Apartment      Mobile Home      (Circle One)

Do you:      Own      Rent      Live With Relatives or Friends      (Circle One)

Landlord's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Who are you adopting this pet for?

(Circle ones that apply)

Yourself

Relatives

Friend

Pet

Other

If you suddenly had to give up this pet for any reason, what would you do with this animal?

\_\_\_\_\_

If your new pet were to become seriously injured or ill and needed expensive veterinary care, what would you do?

\_\_\_\_\_

What Veterinarian will you be using for this pet? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_ # of Children (please provide ages of children) \_\_\_\_\_

Does anyone in your household have allergies to animals? Yes No (Circle one)

Have you ever had to release an animal to an animal shelter? Yes No (Circle one)

If yes, please explain: \_\_\_\_\_

Are you familiar with animal control laws regarding licenses? Yes No (Circle one)

Have you ever adopted from an animal shelter or rescue? Yes No (Circle one)

If so, which organization? \_\_\_\_\_

How will you confine this pet to your property? \_\_\_\_\_

If you have a fenced yard, type of fence: \_\_\_\_\_ Height of fence \_\_\_\_\_

Please provide the following information for all the pets you currently own.

Name	Breed	Age	Sex	Spayed/Neutered
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I have read and agree to abide by above guidelines. I also realize there are NO REFUNDS for adoptions, unless a vet performs the 72 hr. vet exam and the animal is ill. By signing below, I understand The Humane Society of Cowlitz County is not responsible for any veterinary bills.

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