

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
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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: _____