



**HELP The Animals, Inc.
Pet Adoption Center
Application For Adoption**



Date: _____

Animal Name: _____

Age: _____

Breed Description: _____

Male / Female

ONLY COMPLETE THE FOLLOWING IF YOU ARE 18 YEARS OF AGE OR OLDER:

Adopter Name: _____

Phone: _____

Spouses_name: _____

Cell/Other # _____

Address: _____

Married: Yes / No

Children: Yes / No

Been exposed to animals? Yes / No

Children's Ages: _____

How long at current residence? _____

Own / Rent

If renting, landlord's name & telephone number:

Do you live in (circle one) Apartment Mobile Home Condo House Other: _____

Approximately how much ground do your have? _____

Size of fenced in area: _____ Type of fence? _____

Employer: _____

Phone: _____

How long: _____

Hours worked per week: _____

Spouse's employer: _____

Phone: _____

How long: _____

Hours worked per week: _____

Do you share your home with animals at this time? Yes / No

If No, have you had pets in the past? Yes / No

Were they spayed or neutered? Yes / No



Please list pet(s) you CURRENTLY have:

Pet's name: _____

Pet's name: _____

Pet's name: _____

Feline / Canine

Feline / Canine

Feline / Canine

Spayed or Neutered? _____

Spayed or Neutered? _____

Spayed or Neutered? _____

Breed: _____

Breed: _____

Breed: _____

Age: _____

Age: _____

Age: _____

Who is your veterinarian for the animals listed above? _____

What name/names are your vet records listed under _____

Please list pets you have had in the PAST:

Pet's name: _____

Pet's name: _____

Pet's name: _____

Feline / Canine

Feline / Canine

Feline / Canine

Spayed or Neutered? _____

Spayed or Neutered? _____

Spayed or Neutered? _____

Breed: _____

Breed: _____

Breed: _____

Age: _____

Age: _____

Age: _____

What happened to them? _____

What happened to them? _____

What happened to them? _____

For whom are you adopting this animal? _____

Why do you want to adopt this animal? _____

Do you plan physical alteration (cropping ears, declawing, etc.)? Yes / No

If Yes, explain: _____

Will the animal be kept: Inside Only _____ Outside Only _____ Inside / Outside _____

Explain: _____

How much time will you spend with this animal daily? _____

How much time will this animal spend alone daily? _____

What type of food do you plan to feed this animal? _____

If adopting a feline, do you plan to feed canned food as well as dry food? _____

If adopting a canine, how do you plan to housebreak the dog? _____

What would you do with this animal if you had to move from your present home? _____

How long do you plan to keep this animal? _____

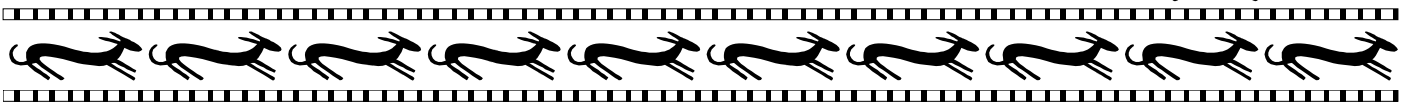
HELP The Animals, Inc. has the right to refuse any adoption for any reason!



Signature: _____

Drivers Licenses Number: _____

State: _____



Interviewer: _____

Adoption Approved Yes / No

If No, Why? _____

Additional Comments: _____



Notes taken by interviewer . . . Please have applicant read & initial all notes taken.



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