

The Humane Society of Kent County, Maryland, Inc.

Animal Name/ID# : _____

ADOPTION APPLICATION

The Humane Society of Kent County reserves the right to refuse adoption to anyone who fails to comply with Humane Society guidelines.

FAILURE TO PROVIDE CORRECT AND/OR COMPLETE INFORMATION MAY CAUSE THE APPLICATION TO BE DENIED.

NAME: _____ DATE: ___/___/___
(last) (first) (middle)

SPOUSE/ROOM MATE: _____ DATE: ___/___/___
(last) (first) (middle)

DRIVERS LICENSE NUMBER: _____

STREET/MAILING ADDRESS: _____

COUNTY OF RESIDENCE: _____

HOME PHONE: _____ WORK PHONE: _____

How long have you resided at the address listed above and where did you previously reside?: _____

Have you ever adopted from us in the past? (If Yes When?) _____

Please list **Presently** owned pets (currently living with you):

NAME	BREED TYPE	YRS. OWNED	AGE NOW	NEUTERED?		WHERE KEPT	
				YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT

Currently owned pets VETERINARIAN(S) :
Name: _____

Phone number: _____

Please list **previously** owned pets (within the past 5 years):

NAME	BREED TYPE	YRS. OWNED	WHAT Happened TO PET?	NEUTERED?		WHERE KEPT	
				YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT
_____	_____	_____	_____	YES	NO	IN	OUT

VETERINARIAN(S) FOR PREVIOUSLY OWNED PETS:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is this your first experience with a dog or cat? _____

2. You want to adopt a pet for (circle all that apply):

House Pet *Guard Dog* *Child* *Gift Mouser/Barn Cat*

Companion for Pet *Other* _____

3. You will keep this pet on your own property by:

(Circle all that apply) *Leash* *Kennel* *Fenced Yard*

Chained to a Dog House *Trolley System* *In the House*

On a Patio *In a Garage* *Other* _____

4. If you have a fenced area for this pet, what type & height?

5. Have you ever used a crate to house train a dog? _____

6. Are you familiar with canine heart worm disease?

Feline Leukemia Virus? _____

7. Are you prepared to take your new pet for a complete veterinary exam within seven days of adoption? _____

8. Where will this pet be living? *My House* *Apartment* *Condo*
Someone Else's House *Mobile Home* *Other:*_____

9. Type of area where pet will be living?

Housing Development *Farm* *City/Town* *Rural Area*

10. Where will this pet be kept during the day? _____
At Night _____ When Alone _____

11. Do you? *Own Home* *Rent* *Live with Family*
Other _____

12. Are there children in the household, if so how many and what age are they? _____

13. If you rent, Landlord's name and phone number:

14. Occupation _____ Employer _____
Spouse's Occupation _____ Employer _____

15. Please give two references other than your vet (include name and phone number) _____

I, _____ hereby grant permission to the Humane Society of Kent County, Inc. to contact my veterinarian and my local animal control agency to obtain information about past and present pets and to verify the information provided on this application.

Signature and Date

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS APPLICATION