

Humane Society of Northwest Montana
Home of the Charlotte Edkins Animal Adoption Center

PET ADOPTION APPLICATION

Application for (Name of Pet): _____

CONTACT INFORMATION:

Applicant's Name: _____
(Applicants must be at least 18 years old; proof of identification required)

Spouse's First Name: _____

Home Phone: _____ Cell Phone: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address, if different: _____

E-mail Address: _____

Would you like to receive email from the Humane Society of NW Montana? Yes ___ No ___
Would you like to receive email from Hill's Pet Nutrition, Inc. ®/™? Yes ___ No ___

ADOPTION INFORMATION:

Is the pet you are applying for a: Dog: _____ Cat: _____ Puppy: _____ Kitten: _____

Have you owned a dog/cat previously? Yes ___ No ___

Have you adopted an animal from here before? Yes ___ No ___ If yes, what was the Pet's name at the time of adoption? _____

Have you ever surrendered an animal to an animal shelter? Yes ___ No ___

If yes, please explain: _____

ABOUT YOUR FAMILY:

Are there children in the household? Yes ___ No ___ Ages _____

Does any member of your family have allergies to animals? Yes ___ No ___

Are there any dogs currently living in your home? Yes ___ No ___

If yes, please list their names: _____

Are there any cats currently living in your home? Yes ___ No ___

If yes, please list their names: _____

Mailing Address: P.O. Box 221, Kalispell MT 59903 Phone: 406.752.7297 Fax: 406.755.7388

Have all the dogs and cats in your home been vaccinated against rabies in the last year?

Yes ___ No ___ (verification is required)

Name of your Veterinarian (clinic name): _____

Clinic Phone Number: _____ City: _____ State: _____ Zip: _____

ABOUT YOUR HOME:

Does your residence have a fenced yard? Yes ___ No ___

Do you own the property where you reside? Yes ___ No ___

If your residence is owned by someone other than yourself, verification for pets on the premises is required from the property owner(s)/landlord(s):

If you rent your home, please provide either (1) a copy of your lease agreement or (2) your Landlord's name and phone number: _____

If you live with friends or family, please provide either (1) a copy of their lease agreement or (2) their name and phone number: _____

MISCELLANEOUS:

Are you interested in attending dog obedience training classes at the adoption center?

Yes ___ No ___

I certify that the information I provided in this application is true and complete to the best of my knowledge and I authorize the Humane Society to verify all information I have supplied. I also give my consent for the release of information about my lease agreement and my pet's rabies vaccination. I understand and agree that the Humane Society has complete discretion as to whether or not it will proceed with any adoption. Any untrue statements I make in this Application may result in refusal of adoption.

Signature of Applicant: _____ Date: _____

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FOR HSNWMT STAFF: Date & time of receipt: _____ Initials: _____

Landlord Verification: _____

Rabies Vaccination Verification: _____

Applicant Contacted: _____