



THE HUMANE SOCIETY OF WICKENBURG
 4000 Industrial Road
 Wickenburg, AZ 85390
 928-684-8801

ADOPTION APPLICATION

To ensure that we help you find the most purrfect animal for you and your family, please fill out this application as thoroughly as possible.

CONTACT INFORMATION

Name: _____

Primary Phone #: _____ Secondary Phone #: _____

Photo ID: _____ State: _____ Exp: _____

Email Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

RESIDENTIAL STATUS

Own Home Rent Home With Relatives/Friends

If you rent your home, do you have your landlord's written permission to have an animal [additional animal]? Yes_____ No_____

*****WRITTEN PERMISSION IS REQUIRED*****

Name of property and/or Landlord: _____

Phone number of Landlord: _____

Have they been notified you are planning to get a pet?: Yes_____ No_____

Has your landlord specified any breed exclusions?: Yes_____ No_____

Does your landlord require an additional deposit?: Yes_____ No_____

HOUSEHOLD INFORMATION

Name	Relationship	Age (if under 18)

Is everyone in your household OK with adopting an additional pet? Yes_____ No_____

Does anyone in your family have pet allergies? Yes_____ No_____ If yes, please describe: _____

Do you allow a HSW representative do a pre-adoption and post adoption home visit? Yes_____ No_____

Do you have a yard?: Yes_____ No_____

Do you have a secure fence?: Yes_____ No_____ Type/Height: _____

Where will your new pet be kept?: _____ Primarily Indoor _____ Primarily Outdoor _____ Indoor Only _____ Outdoor Only

Amount of time alone daily: _____ Amount of time outside daily: _____

PET HISTORY

Please list all companion animals currently living in your home and those that have lived in your home over the last **5 years**.

Name	Breed	Age	Sex	Still in Home	Notes

Have you ever owned a dog that has bit someone? Yes _____ No _____

Have you ever had any litigation against you and your past animals? Yes _____ No _____

If you have answered yes to any of the above, please explain: _____

How often will your pet visit the veterinarian? _____ Annually _____ Every Three Years for Shots _____ As Needed

Please write your vet's name and clinic: _____

Have you ever had to relinquish a pet? If Yes, please explain: _____

Why are you considering adopting a pet?: _____

If you are interested in a particular animal, who is it and what attracts you to that animal?: _____

Reason for wanting a dog/cat? : _____ Companionship _____ Company for my dog/cat _____ Protection _____ Barn Cat

My new pet must get along with: _____ Cats _____ Dogs _____ Children (0-8) _____ Children (8-15)

QUALITIES THAT I WOULD LIKE MY PET TO HAVE:

Likes Children

Likes Dogs / Cats

OK Alone / Independent

Low Shedding

Accepting of Strangers

Protective

Affectionate

Playful / Mellow

Not Fearful / Aggressive

Prior Obedience Training

Housetrained / Litter Box Trained

Quiet

STAFF ONLY

Was child – dog/cat introduction done? Yes _____ No _____

Was child – dog/cat introduction done? Yes _____ No _____

Was dog – dog introduction done? Yes _____ No _____

Was dog – dog introduction done? Yes _____ No _____

Notes: _____

Please be advised that HSW reserves the right to refuse any adoption.

All donations collected by HSW at the time of adoption provide for the health and welfare of all our shelter animals. There is no such thing as the perfect pet. Many shelter animals need additional training. Shelter animals need love, patience and an understanding adopter who realizes that they are having to make an adjustment to a new environment and it takes time.