



Adoption Application

HSWA reserves the right to deny any application for any reason. Completing an application does not reserve an animal.

Adopter Information	Driver's License or ID #:
Name:	Date of Birth:
Date:	Alt Phone Number:
Phone Number:	Mailing Address:
Physical Address:	City/State/Zip:
City/State/Zip:	Email:

Animal Name(s) _____ Cat Dog

I want a pet for: Companionship Companion for another animal Protection
 Other _____

Do you: Rent Own Live with Parents

Landlord/Parent Full Name _____

Landlord/Parent Phone Number _____

On average how many hours a day would the animal be left alone? _____

Will the pet be kept inside or outside? Mostly inside Mostly outside Both

For Cats: Do you plan to declaw this pet? Yes No If yes, why? _____

For Cats: Will you need a carrier today?

For Dogs: Are you willing to train your dog once the dog joins the family? Yes No

For Dogs: Collars/ leashes are not provided with the adoption fee , will you need to purchase one today? Yes No

How did you hear about us? Facebook Friend Website Radio/TV Newspaper Other

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Do you have any other pets? Yes No

Please list your current pets with their names, ages, and type of animal (example: Fluffy - 6yr old cat):

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Are your pets spayed/neutered? Yes No

If no, why not? _____

Are all of your current pets up to date on:

Rabies? Yes No Distemper? Yes No Bordetella Yes No

Name of Veterinarian: _____

Names and ages of everyone in your household:

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Microchip Information

We microchip all of our cats and dogs before they leave the building unless they are medically exempt. We register the microchip with your information as part of your adoption fee. However, it is your responsibility to keep the microchip information up to date throughout the animal's life.

The emergency contact should be someone other than yourself, and at a telephone number different from yours. It should be someone who will always know how to contact you if your registered phone number becomes disconnected. The microchip is registered through 24PetWatch.

Yes I consent to release my information to anyone who may find my pet, including private citizens.

No, I prefer my communication to be only through 24PetWatch. If they attempt to contact you and you cannot be reached, they will release your information to a Humane Society or Animal Control Officer.

Emergency Contact (someone outside your household) for your new pet's microchip:

Name: _____

Phone Number: _____ Alternate Phone Number: _____

We at HSWA value the life of each and every animal in our facility. HSWA screens for the health, behavior, and temperament of each animal to the best of our ability during the time he/she has been in our care. However, there is always a chance that an animal may display behaviors later that were unseen at the shelter. In addition, an animal may be ill at the time of admission or adoption without showing any clinical signs of illness. Please be aware that you are fully responsible for any expenses from the time of adoption forward.

I certify that the information provided is complete and correct to the best of my knowledge. I authorize HSWA to verify the information on my application.

Applicant's Signature: _____

Date: _____