Welcome to the Houston Humane Society Thank You for Choosing to Adopt!

| Office Use Only: PetPoint ID | AVI# | Nar | ne of Pet | · · · · · · · · · · · · · · · · · · · |
|--|---------------------------|---------------------------|-------------------------------|---------------------------------------|
| Name | Home:(|) | Cell : (|) |
| Address | | | | |
| A E-MAIL: | | | | |
| D Employer | | | | |
| O Spouse/Roommate Name | | | | |
| P Your Emergency Contact: Name | | | | |
| T DO YOU: Rent Own Apt_ | | | | |
| E Owner/ Landlord's Name: | | | | |
| R How long at present address? | | | | |
| Number of adults in household? | | - | | |
| Who will be responsible for pet? | | - | - | |
| Have you ever applied for adoption at HHS? | | | | Iter? Yes / No |
| What pets do you currently have in your hou | sehold? | | | |
| Type Kept Where Time C | Owned Pet's Name | <u>Breed</u> | Pet's Age | Spayed / Neutered |
| Pet #1 Cat / Dog Inside / Outside | | | | Yes / No |
| P Pet #2 Cat / Dog Inside / Outside | | | | Yes / No |
| E Pet #3 Cat / Dog Inside / Outside | | | | Yes / No |
| T Are your pets current on their vaccinations? Ye | | | | |
| Are your dogs on Heartworm Prevention? You | es / No If yes, wha | t Brand? | | |
| | o What type | | | |
| N | | | Phone: (Date of last visi | <u>)</u> t: |
| Tell us about other animals you have had in the p | past but no longer have | Type, Breed, Age and | d why you no lo | nger have them. |
| Please initial if you are interested in adopting | - | • | | mune system. This virus |
| cannot be transmitted to humans. FIV+ felines ca Tell us why you are interested in adopting a pet:_ | | ith a good quality of lif | fe. | |
| Where will the pet be kept during the day? Hou | | Vork Other | | |
| Where will the pet be kept during the night? Hou | | | | |
| | | | | |
| Describe how you will keep the pet confined to you lf kept outside for any period of time, what type o | f shelter will be provide | d? | | |
| How many hours will the pet spend alone? | | • | | |
| What will you do if your pet is destructive? | | | | |
| What will you do with the animal if you move? | | | | |
| If you must give this pet up for ANY reason, do y | | | | |
| He | artworm Treatment/A | dontion Special | | |
| There are some wonderful dogs available for add | | • | ston Humane S | ociety clinic offers |
| Heartworm Treatment at a cost far below that of | • | | | • |
| please let us know and the process will be explain | • | , ou allo intercettou | 55571119 0111 | or anoso amazing abgo, |

If you are interested in adopting an animal under 6 months of age, please complete section on back page.

Caring for an animal under 6 months of age requires a commitment of time and patience. Younger animals cannot be left unattended for long periods of times. Left to their own devices, puppies and kittens can get into trouble and even danger.

| Are you prepared for a puppy or kitten who is not housetrained Are you familiar with crate training to help housetrain and kee What methods will you use to housetrain/litter train a puppy of | |
|--|---|
| Are you prepared for a puppy or kitten who may want to cheve What methods will you use to prevent chewing or destructive | ew or claw at personal items? Yes / No ve behavior? |
| How will you keep your puppy or kitten safely secured when | n you are not at home? |
| Are you willing to provide the series of vaccinations and prev | eventive medical care needed for an animal under 6 months of age? Yes / No |
| Are you interested in receiving information on (please check) Leash/Obedience Training How to prevent Chewing I/WE CERTIFY THAT THE ABOVE IS TRUE AND THAT F understand that the HHS reserves the right to verify any and anyone. I/we have given the responsibility of pet ownership | FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I/we nd all information given and that the HHS reserves the right to refuse adoption to ip serious consideration and are aware of the responsibilities of owning a pet. In donation unless I/we provide HHS with a letter of rejection for health reasons |
| SIGNED | DATE |
| | |
| | HHS OFFICE USE ONLY |
| | # Exp/_ |
| Driver's License or Current ID: Type | # Exp/ |
| Driver's License or Current ID: Type How was address on application verified? Landlord Contacted:// by; Results: | # Exp/ |
| Driver's License or Current ID: Type How was address on application verified? Landlord Contacted:// by; Results: | # Exp/ |
| HI Driver's License or Current ID: Type How was address on application verified? Landlord Contacted:// by; Results: Animal Medical Records Up To Date:/ Meet and Greet with adopters pet: Date:/ Adoption: Approved Pending Notes: | # Exp/ |