



Adoption Application

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Please Print and Fill All Question Clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home () _____ Work () _____ Cell () _____

E-Mail Address: _____

2 Names and Phone Numbers of a Friend or Relative not living with you:

Do you lease or own your home? _____

If you rent, does your lease permit pets? _____

Name and Number of Landlord: _____

What type of fence do you have? Wood ___ Wire ___ Cyclone ___ Other ___

What is the height of your fence? 4 ft ___ 5 ft ___ 6 ft ___ Other ___

Are there any children in the home? ___ Yes ___ No

If yes, how many and what are their ages? _____

Does anyone in the home have any pet allergies? _____

Are there currently any pets in the home? ___ Yes ___ No

If yes, please answer the following questions:

Cats ___ Dogs ___ Birds ___ Reptiles ___ Furry Friends ___ Other ___

Do your live-in pets get along with other animals? ___ Yes ___ No ___ Not Sure

Are your pets current on vaccinations and on Heartworm Preventative ___ Yes ___ No

If no, explain _____

Does your current pet have proper identification tags? ___ Yes ___ No

Are your current pets spayed or neutered? ___ Yes ___ No ___ Not Sure

If no, explain _____

What is the name of your family Vet? _____

If you do not have a Vet, would you like to be referred to one? _____



Have you recently lost a pet? Yes No

If yes, explain _____

Is this pet going to be a gift? Yes No If yes, for whom _____

For what purpose do you want to adopt this pet? _____

Who will be responsible for this pet's care? _____

Are you prepared for the absolute cost of pet expenses? Vet care, grooming, heartworm preventative, and food? _____

Where would your new pet sleep? _____

Will your pet be inside or outside? _____

If outside, our investigator would be required to do a yard check for the proper provisions.

Are you willing for him/her to do so? Yes No

With any new pet, there will be a time that they would need to adjust to their new home. Do you understand that this may be a tedious and timely venture? Yes No

Do you understand that this pet may not be housebroken? Yes No

Do you understand that this pet may have submissive urination? Yes No

What steps will you take to handle and correct the above behaviors? _____

How much time will you spend with your new pet? _____

If your living circumstances changes, where will your pet go? _____

If something happens to you or someone in your family, who will assume responsibility of pet? _____

Have you or anyone in the home been charged with or convicted with animal cruelty?

Yes No

Have you ever adopted from MSCHS before? Yes No

If yes, when? _____



Under penalty of law, I swear to affirm that these answers are true and correct to the best of my knowledge. I also understand that if I am no longer able to assume responsibility of my pet, I will return it back to Memphis Shelby County Humane Society.

Signature _____ Date _____

FOR OFFICE USE ONLY

Adoption Counselor _____ Date _____

Pet's Name _____ MHS Number _____ Tag Number _____

ID verification.....

Landlord verification.....

Vet reference.....

Approved..... Denied.....

Reason for denial: _____
