



**Placencia Humane Society**

**Application for Adoption of Pet(s)**

Description of Pet(s) to be adopted:

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Do you have a permanent place to live?  yes  no

Apartment  Residence  Rent  Own (If renting, do you have landlord's permission for pet?)

How many people are in your family? \_\_\_\_\_

Number of children and their ages (if any) \_\_\_\_\_

Do you currently own other pets? If yes, please provide number, type, and age of pets:  
\_\_\_\_\_

Are your other pets cut? \_\_\_\_\_

Are your other animals current on their vaccinations? yes \_\_\_\_, Date: \_\_\_\_\_, No, \_\_\_\_\_

If not current, are you willing to get animals vaccinated to protect the pack? \_\_\_\_\_

Who is your current Vet? \_\_\_\_\_

When was the last time your animal(s) went in to see vet? \_\_\_\_\_

If you do not currently own pets, have you owned pets in the past?  yes  no

Has an animal ever been removed from your home? \_\_\_\_\_

If so, what were the circumstances? \_\_\_\_\_

Do you have a safe, secure fenced area/ adequate shelter from rain and sun? \_\_\_\_\_

Where will the animal sleep at night? \_\_\_\_\_

Depending on the size of the dog, do you have the means to budget for food, monthly flea, and tick prevention, heartguard, annual vet checkup and vaccinations. Yes \_\_\_\_\_ NO \_\_\_\_\_

If adopting a cat: will the cat be indoor only, if in/out cat, encouraged to come into the house at night?

Indoor \_\_\_\_\_ In/Out \_\_\_\_\_ Outdoor only \_\_\_\_\_

**Do you understand that once the animal is adopted, PHS is no longer responsible for the cost of the care?**

Are you willing to continue medication for the animal as advised by PHS?

Can we call or email you to check in on the animal adopted? \_\_\_\_\_, By phone? \_\_\_\_\_; By email? \_\_\_\_\_

What time is best to reach you regarding your new pet. \_\_\_\_\_

**\*\*\*\*Please include 2 references that can speak to your ability to adopt a pet. Please let references know they will be called by our adoption coordinator**

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*\*\*\* Please attach a photo of where this pet will be when outside in the yard? Fence?**

\*\*\*If there is any reason the animal is not a good fit or becomes a burden to you in affording its care, the animal is to be returned to PHS by calling **501-613-7387**. You may **Not** let the animal wander the streets.

**Note: PHS is not affiliated with any other entities/people in Placencia or surrounding areas who offer adoptions**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Foster/PHS Representative Printed Name

\_\_\_\_\_  
Signature of Foster/PHS Representative