



Placencia Humane Society

Application for Adoption of Pet(s)

Name of Applicant: _____

Address where pet would be located: _____

Email Address: _____

Phone Number(s): _____

Name / Description of Pet(s) being adopted _____

Section 1 _____

1. What is your reason for adopting a pet? Companion Guard Dog Hunting Dog
 Other - Describe _____
2. Do you have the means/resources for dog/cat food, monthly flea/tick and heart worm preventative, annual vet check and vaccinations? Yes No Would need assistance for Vet checks? _____
3. Do you have a permanent place to live? Yes No Apartment Residence Own Rent
• If you rent, do you have the landlord's permission for pet? Yes No
4. How many people are living with you? _____ Number of children and their ages (if any) _____
5. Are you working/Employed? Yes No Work Schedule: _____
6. Do you have a yard: Yes No Fenced/Gated? (Height? _____ feet) Unfenced :
7. When pet is outdoors, where will it be? Yard Patio/Veranda Kennel Other _____
8. When you are home, the pet would be: Indoors Outdoors Other _____
9. How will you be interacting /exercising your dog? _____
10. Where will the animal sleep at night? _____

Section 2 _____

11. Do you currently own other pets? Yes No **If No, please proceed to Section 3.** **If yes,** please provide number, type, and age of pets and whether they are spayed and neutered (cut) _____

• If not all spayed and neutered, would you be willing to get them cut before adopting a pet? Yes No

- If No, please give reasons why not. _____

12. Are your **other pets** current on their vaccinations? Yes Date: _____ No

- If not current, are you willing to get your pets vaccinated to protect the pack? Yes No

13. Who is your current Vet? _____

14. When was the last time your pet(s) went in to see a vet? _____

Section 3

15. If you do not currently own pets, have you owned pets in the past? Yes No

16. Has an animal ever been removed from your home for any reason? Yes No

- If so, what were the circumstances? _____

17. **If adopting a cat:** will the cat be, Indoor In/Out Outdoor only

- if in/out cat, would it be encouraged to come into the house at night? Yes No

18. Are you willing to continue any medication for the pet as advised by PHS? Yes No

19. Can we call or email you to check in on the adopted pet? Yes No By Phone By email

- What time is best to reach you regarding your new pet? _____

20. Do you understand that once you adopt this pet, you are responsible for the cost of its care? Yes No

- If assistance is needed, PHS can help but the pet is your responsibility

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

*****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

Date _____

Signature of Applicant: _____

Foster/PHS Representative Printed Name _____

Signature of Foster/PHS Representative _____