



ADOPTION APPLICATION

Humane Society of Port Jervis/Deerpark, Inc.
202 Route 209,
Port Jervis, NY 12771



Cat Name: _____

Dog Name: _____

PLEASE WRITE CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell #: _____ Work #: _____

e-mail address: _____

How many children in the family? _____ Ages: _____

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

1. **Do you:** own () , rent () , live with friends/family () ? How long at address? _____

2. **Is it a:** house () apartment () Mobile home () **Fenced in yard?** YES () NO ()

3. **If you rent, Landlord's Name:** _____ **Phone#** _____

Does the landlord allow pets? YES () NO ()

4. **Do you want this pet as a:** Companion () Guard Dog () Mouser () Gift () To Breed ()
Protection () Other (specify): _____

5. **Do you plan to have your pet spayed/neutered?** YES () NO ()

6. **Where will the animal spend its Days and Nights?** (Circle each applicable)

Loose Indoors **Day/Night** Crate **Day/Night** Fenced Yard **Day/Night** Kennel Run **Day/Night**

Tied outdoors **Day/Night** Other (specify): _____

7. **How many hours will the pet be left alone during the Day _____ and at Night _____?**

8. **If keeping pet outside, what facilities do you have available?** _____

9. **Most shelter animals have unknown medical backgrounds. Are you prepared to take this pet to the veterinarian within two weeks for a medical examination and any necessary medical treatment, at your own expense?** YES () NO ()

10. **Are you willing to provide this care and make a commitment for the lifetime of the animal (10-20 years)?**
YES () NO ()

11. **Have you ever adopted from this shelter?** YES () NO ()

12. **Have you left an animal at this shelter?** YES () NO () **If yes, please explain:** _____

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13. Do you have other pets now? Have you had any pets in the past 5 years? YES () NO ()

Dog/Cat	Sex	Spayed/Neutered	What happened to pet?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Do you have a Veterinarian? YES () NO()

Veterinarian's Name: _____ Phone# _____

Address: _____

15. Personal References

Please provide names/phone numbers for 2 people who know you and can tell us about you as pet owners:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

- ✓ This application is the first step of the adoption process.
- ✓ Please provide complete and accurate information when filling it out.
- ✓ The time to verify information on this application may vary from case to case; a minimum of 24 hours is generally required for processing.
- ✓ Multiple applications for the same animal may be accepted and reviewed and applications are not necessarily approved on a first come-first served basis.
- ✓ Our goal is to make the best possible match for any given animal.

****FILLING OUT AN APPLICATION DOSE NOT GUARANTEE APPROVAL****

****THE HUMANE SOCIETY RESERVES THE RIGHT TO REFUSE ANY ANIMAL TO ANY PERSON****

I hereby certify that the above statements are true and correct.

Signature: _____ Date: _____ ID Checked Y / N

Application approved: Yes No By: _____ Date: _____