

# ADOPTION APPLICATION

Thank you for choosing to adopt from the Kitsap Humane Society! To ensure that KHS animals and adopters are properly matched, we ask that you complete our adoption application before proceeding to a meet and greet. Animals at KHS are homeless and for that reason, extra care is taken to place them in the best environments possible. In some cases, an adoption may not be approved based on the best interests of the human or pet. By completing this adoption application, you are requesting to meet a shelter pet. Kitsap Humane Society cannot guarantee the health status or behavior of the shelter pets you meet during the adoption process. By completing this application and participating in an adoption counsel, you shall agree to indemnify and hold harmless Kitsap Humane Society and its representatives from liability and claim for any damages because of bodily injury, injury to your pet, sickness, or disease resulting from interactions with shelter pets during the adoption process.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse/Partner Name: \_\_\_\_\_  
 Home Address: (Street): \_\_\_\_\_ Apt.# \_\_\_\_\_  
 (City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip): \_\_\_\_\_  
 Mailing Address, if different: \_\_\_\_\_  
 Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Alternate contact (for microchip) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Now please tell us about your current living environment as it applies to a new animal family member.

Do you: Rent / Own / Live with relative How long at this address? \_\_\_\_\_ I plan to move in \_\_\_\_\_  
 If you RENT, have you checked with your landlord about pet restrictions? Yes / No  
 Do you know if this animal is permitted? Yes / No  
 Number of adults in home? \_\_\_\_\_ Are there elderly people in the home? Yes / No  
 Number of children under 18 in home? \_\_\_\_\_ Ages? \_\_\_\_\_  
 Number of **visiting** children under 18 in home? \_\_\_\_\_ Ages? \_\_\_\_\_  
 Have you adopted from KHS before? \_\_\_\_\_ Dog or Cat? \_\_\_\_\_ When (approx.)? \_\_\_\_\_  
 Have you ever surrendered or returned an animal before? Yes / No  
 If yes, why? \_\_\_\_\_

Please tell us about your current and past pets:

Dog / Cat	Age	Breed	M / F?	Spayed/ Neutered?	Length of Ownership?	Is this animal still in your care?	If no, why?
				Y / N			
				Y / N			
				Y / N			
				Y / N			

**See Other Side!** 

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Are you prepared to adopt an animal today? Yes / No If no, why? \_\_\_\_\_

Are you a current KHS Volunteer (volunteered in the last 3 months)? Yes / No

## Housing and Behavior

1. Where will your pet primarily live? (check one): Indoors    Outdoors    Both
2. Where will your pet be housed when you are not home? (circle one): Indoors    Outdoors    Both
3. How many hours a day will the pet(s) be left alone? \_\_\_\_\_
4. What would cause you to return or rehome this animal? \_\_\_\_\_
5. How much do you expect to spend yearly on this pet (food, boarding, medical care, toys, training, etc)?  
(check one): \$100    \$500    \$1000    More
6. My household is: active & noisy    OR    mostly quiet & calm
7. What characteristics do you hope to find in an animal companion? \_\_\_\_\_
8. For which potential behaviors would you like more information? (check any that apply)  
Biting/scratching    Chewing    Excessive vocalizing    House soiling    Not good with children  
Escaping    Introducing to another pet    Other: \_\_\_\_\_
9. Are you familiar with this breed? Yes / No    With this age of animal? Yes / No

## For DOGS only:

- A. Do you have a yard? Yes / No    Approximate size of yard: \_\_\_\_\_ feet by \_\_\_\_\_ feet
- B. Is it fenced? Yes / No    Type of fence: \_\_\_\_\_ Height of fence: \_\_\_\_\_
  - i. How will you keep the dog in your yard? \_\_\_\_\_
- C. What is your exercise plan for the dog? \_\_\_\_\_
- D. What is your strategy for addressing behavior issues? \_\_\_\_\_
- E. Do you hope to take your dog to dog parks? \_\_\_\_\_

## For CATS only:

- A. Are you planning on declawing this cat? Y / N    If yes, why? \_\_\_\_\_
- B. Would you like info on how pregnant women can handle kitty litter safely? Y / N
- C. Are you familiar with FIV and FeLV testing for cats? Y / N

I certify that the above information is true. I understand that giving false information on this application is grounds for denying my application. I understand that this application remains the property of Kitsap Humane Society.

Signature \_\_\_\_\_ Drivers License: \_\_\_\_\_

## **Internal Use Only:**

Approved for ID# _____ Name _____	Counselor Notes:
___ Yes	
___ Yes, pending Meet and Greet	
___ Yes, pending surgery	
___ No	
Counselor _____	
Meet and Greet successful? Yes / No	
Needs a cat carrier? Yes / No	
Meds to go home? Yes / No    FeLV/FIV test? Yes / No	Counselor _____