



Star of the North Humane Society ADOPTION APPLICATION

Please complete the following information. Please print clearly:

If you are interested in adopting a certain animal please print its name here: _____

Full Name _____ Date _____

Email _____

Address _____

City _____ State _____ Zip Code _____

Home Phone __ (____) _____ Cell Phone __ (____) _____

Employer _____ Employer's Number __ (____) _____

May we contact you at work? _____

You must verify the following information before you are able to adopt an animal. Please indicate that you meet these criteria by checking each item:

____ I am 18 years or older.

____ I have approval from all of the other adults in the household.

____ I will allow a visit to my home by a Star of the North Humane Society representative before the adoption is approved.

____ (If I rent) I have the written consent of my landlord to have an animal on the property.

Name of Landlord _____

Phone Number(s) _____

Address/City/St/Zip _____

____ I will accurately complete the Adoption Application that follows:

____ I am interested in adopting a DOG. Please check any in which you would be interested.

____ Male

____ Large

____ Puppy

____ Female

____ Medium (21-50 lbs)

____ Adult

____ Small (< 20 lbs)

____ Senior

____ I am interested in adopting a CAT. Please check any in which you would be interested:

____ Male

____ Kitten

____ Senior

____ Long Hair

____ Female

____ Adult

____ Short Hair

____ I am interested in adopting a HORSE.

Why are you interested in adopting an animal? _____

Please list the names, breeds, genders, and ages of your current pets.

Are all of your pets spayed or neutered? _____ Are they up-to-date on their vaccinations? _____

It not, please explain: _____

Have you ever adopted from a shelter or other rescue group? _____

Type of animal and name of shelter or group: _____

If you have children at home, please list their ages. _____

Do you or anyone in your household have allergies to animals? _____ If yes, how will this be handled?

PLEASE LIST YOUR VETERINARIAN (If you have one.)

Name _____

Clinic _____

Phone _____

CARING FOR YOUR NEW PET

Who will be the main caregiver(s) of your new pet? _____

Will your new pet be housed indoors? _____

Please describe the area where they will live. _____

Where will your new pet sleep at night? _____

How will your new pet be exercised? _____

How much human contact will your new pet have each day? _____

Where will they be kept while you are gone? _____

DOGS: Do you have a fenced-in yard? _____ What is the height of the fence? _____

Do you crate your animals? Please explain: _____

Do you have experience in crate training? _____

Do you have experience in housetraining? _____

How will your new dog be exercised? _____

