

**For RHS Use**

DATE: \_\_\_\_\_

COUNSELOR'S INITIALS \_\_\_\_\_

**Richardson Humane Society Adoption/Foster Application**

[www.richardsonhumanesociety.org](http://www.richardsonhumanesociety.org)

For which pet are you applying? \_\_\_\_\_

Applicant's name \_\_\_\_\_ DL# (must show copy at time of adoption) \_\_\_\_\_ DOB \_\_\_\_\_ E-mail address \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer name and address \_\_\_\_\_ Work phone \_\_\_\_\_

Spouse/Partner/Roommate \_\_\_\_\_ Employer \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

I live in a:  house  apartment  condo  Other (Specify) \_\_\_\_\_

Do you have a fenced yard?  yes  no Type of fence: \_\_\_\_\_ Height: \_\_\_\_\_ ft

Do you have a swimming pool?  yes  no Fenced?  yes  no (Counselor notes: \_\_\_\_\_)

How long at current address? \_\_\_\_\_ years \_\_\_\_\_ months Do you  own?  Rent?

Name of Apartment Complex or Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Does landlord have breed restrictions?  yes  no Size limit?  yes  no Amount of pet deposit: \_\_\_\_\_

How many other adults in household and relationship(s) to applicant: \_\_\_\_\_

How many children in household: Fulltime: \_\_\_\_\_ Part time \_\_\_\_\_ Ages \_\_\_\_\_

Does anyone living in the house have allergies?  to cats  to dogs  neither Asthma?  yes  no

My pets are kept:  mostly inside  mostly outside

How long will this pet be left home alone? \_\_\_\_\_ hours x \_\_\_\_\_ days/nights per week

Where will this pet be kept while you are away from home (during the work day, etc)? \_\_\_\_\_

Where will this pet sleep at night? \_\_\_\_\_

Do you plan to take this pet with you when you travel?  yes  no If no, where will the pet stay? \_\_\_\_\_

What will you do with this pet if you have to move? \_\_\_\_\_

Will you purchase and use a crate as advised?  yes  no

Will you attend behavioral/obedience classes as advised?  yes  no

Do you or will you have a pet door?  yes  no  maybe

How will you deal with housetraining and other behavioral issues? \_\_\_\_\_

What qualities are you looking for in a pet that you would like to adopt? \_\_\_\_\_

Are you willing to give this pet all the time he/she needs to adjust to your home and family?  yes  no  maybe

Have you ever given up an animal?  yes  no If yes, why? \_\_\_\_\_ When? \_\_\_\_\_

What did you do with the animal? \_\_\_\_\_

Are all cats and dogs in your home current on vaccinations?  yes  no  have no cats and dogs

Are all cats and dogs in your home current on heartworm preventative?  yes  no  have no cats and dogs

**What brand(s) of heartworm preventative do you use now or did you use in the past?** \_\_\_\_\_

Have any pets in your household been diagnosed with the following infectious diseases or conditions?

Heartworms  yes  no Distemper  yes  no Parvovirus  yes  no Parasites  yes  no

If yes to any of these, when? \_\_\_\_\_

**List all pets currently owned or owned within the last five years (add sections or write on back if you need more space).**

1.  dog  cat Breed: \_\_\_\_\_  male  female Age: \_\_\_\_\_ Length of ownership: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Was/Is it spayed/neutered?  yes  no If no, why not? \_\_\_\_\_

Vet clinic(s) and phone(s) \_\_\_\_\_

Records under your name?  yes  no If not, what name? \_\_\_\_\_

Do you own the pet now?  yes  no If no, what happened to it? \_\_\_\_\_

Cat Declawed?  front only  all  none Was this pet kept primarily  indoors  outdoors

2.  dog  cat Breed: \_\_\_\_\_  male  female Age: \_\_\_\_\_ Length of ownership: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Was/Is it spayed/neutered?  yes  no If no, why not? \_\_\_\_\_

Vet clinic(s) and phone(s) \_\_\_\_\_

Records under your name?  yes  no If not, what name? \_\_\_\_\_

Do you own the pet now?  yes  no If no, what happened to it? \_\_\_\_\_

Cat Declawed?  front only  all  none Was this pet kept primarily  indoors  outdoors

3.  dog  cat Breed: \_\_\_\_\_  male  female Age: \_\_\_\_\_ Length of ownership: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Was/Is it spayed/neutered?  yes  no If no, why not? \_\_\_\_\_

Vet clinic(s) and phone(s) \_\_\_\_\_

Records under your name?  yes  no If not, what name? \_\_\_\_\_

Do you own the pet now?  yes  no If no, what happened to it? \_\_\_\_\_

Cat Declawed?  front only  all  none Was this pet kept primarily  indoors  outdoors

To feed, vaccinate, license, & provide medical care, how much do you expect to spend on this pet yearly? \_\_\_\_\_

Where did you hear about Richardson Humane Society? \_\_\_\_\_

I confirm that all the information in this application is correct and complete to the best of my knowledge and understand this is a four-part contractual agreement: Application, Contract, Update, and Closure Reports. Incorrect information on any form will nullify the adoption. I give permission for any veterinarian providing service to me to release medical information on any/all of my pets to RHS. All potential adopter and foster homes are screened for suitable placement of animals. RHS may refuse placement of an animal for any reason. By submitting this application, I give permission for RHS to investigate and confirm the information that I provide. All forms become the property of RHS upon submission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>RHS use only:</b> Counselor's Notes (please initial and date front of application): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Recommend for Home Visit? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not yet (Why?) _____</p>
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