

For RHS Use

DATE: _____

COUNSELOR'S INITIALS _____

Richardson Humane Society Adoption/Foster Application

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>RHS use only: 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>
--