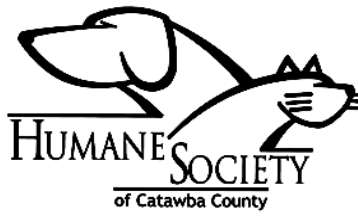


# DOG ADOPTION APPLICATION



828-464-8878 Hickory – 828-466-6850 Newton  
828-464-4299 (Hickory Fax) – 828-465-8918 (Newton Fax)  
[www.catawbahumane.org](http://www.catawbahumane.org)

PET'S NAME: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Are you over 21 years of age? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_(\_\_\_\_\_) \_\_\_\_\_

Have you ever adopted a pet from Humane Society of Catawba County before? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, do you still have this pet? \_\_\_\_\_ If no, what happened to the pet? \_\_\_\_\_

Are you adopting a dog for Yourself \_\_\_\_\_ Family \_\_\_\_\_ Gift \_\_\_\_\_ Relative \_\_\_\_\_ Children \_\_\_\_\_

Do all members of your household want a new pet? Yes \_\_\_\_\_ No \_\_\_\_\_

List any additional people your new dog will be living with (specify age of any children)

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

What will happen to this dog if you move? \_\_\_\_\_

Any members of your household allergic to: Cats \_\_\_\_\_ or Dogs \_\_\_\_\_

Do you own your residence? Yes \_\_\_\_\_ No \_\_\_\_\_ If renting does your landlord allow dogs? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Deposit Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want this dog to live... Inside only \_\_\_\_\_ Outside only \_\_\_\_\_ Inside/Outside(explain) \_\_\_\_\_

Where will this pet be kept when you are not at home?

Inside \_\_\_\_\_ Basement \_\_\_\_\_ Garage \_\_\_\_\_ Crate \_\_\_\_\_ Tied outside \_\_\_\_\_

In a 24-hour day, how long would the pet be left alone at any given time? \_\_\_\_\_

Do you have a fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_

***LIST COMPANION ANIMALS THAT HAVE LIVED WITH YOU IN THE PAST FIVE YEARS:***

Name	Type	Breed	Age	Do you still have this animal?	Spayed or Neutered?
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Yes <input type="checkbox"/> No - What happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Yes <input type="checkbox"/> No - What happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Yes <input type="checkbox"/> No - What happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Yes <input type="checkbox"/> No - What happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat			<input type="checkbox"/> Yes <input type="checkbox"/> No - What happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Which Vet Clinic(s) do you or have you used? \_\_\_\_\_

**With my signature below, I signify I understand that:**

- I am 21 years of age or older
- I will provide food, shelter, medical care, love and affection for the lifetime of this animal, which could be as long as 20 year or more.
- I agree to take this animal to a Veterinarian for exams and vaccines at least once yearly and as needed, and to provide vet care, at my own expense, should this animal become ill or injured.
- I cannot sell, transfer, trade, give away, or lease the adopted animal to any person or organization with first notifying HSCC.
- HSCC make no representations or warranties regarding the health, size or temperament of the animal being adopted hereunder, and HSCC expressly disclaims the same.
- I agree to hold harmless HSCC, its staff, directors, agents and representatives for any and all claims, losses and damages, whether to the person or property, which might arise as a result of the subject animal's health condition or behavior.
- This application remains the property of HSCC.
- I am stating that the above information is true.
- By signing below, I authorize agents of HSCC to contact my previous veterinarians to receive medical records for my pets.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HSCC reserves the right to refuse any applicant at any point during the adoption process**

**ALL ADOPTIONS ARE CONSIDERED FINAL & NON-REFUNDABLE ONCE PAYMENT HAS BEEN MADE**