



ADOPTION APPLICATION

Please Print Clearly

Date: ____/____/____ Animals Name / ID #: _____

Dog Cat Other _____

Male Female Age _____

Primary Caregiver's Name: _____

Street Address: _____

City, State, Zip: _____

Mailing Address

(If different than Street Address): _____

Telephone: Please check the one that will be your preferred telephone contact number

Home (____) _____ Cell (____) _____

Work (____) _____

E-mail Address : _____

Housing:

House Apt. Other

How long at present residence? _____

▶ If you rent, please provide dated, written pet permission from the property owner ◀

Family Information:

Including you, how many members are in your family and/or household? _____

If you have children, or children reside in your household, please list each of their ages:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

VETERINARIAN INFORMATION:

A call to your veterinarian will be placed by a HSOMC representative for a reference check in order to verify that your past and present pets have been kept up to date on preventative health care, including sterilization. This is a requirement.

A home visit may be required before the adoption process can be finalized. It is important that any other pets you have are given a chance to interact with the potential new pet in order to see if they will be compatible. If any issues need to be addressed prior to finalizing the adoption process, we will discuss those options that may help minimize stress.

Vet's Name and/or place of Business: _____

Address _____ City _____ State _____ Zip _____

Telephone No.: ____ (____) _____

Please list any other pets you presently have, or have had, in the past 10 years that you have personally owned:

If you have never personally owned a pet, please list the names and phone numbers of 3 personal references, only one of which may be a relative.

Name	Type of Pet	Age	Spay/Neutered	Time Owned

DOG:

On average, how many hours per day will the dog be left alone? _____

Where will the dog be kept during the day or within the hours that nobody is home?

Answer: _____

Would you consider taking your new dog to obedience training? Yes No

Dog and CAT:

This animal will primarily be:

Indoor Outdoor Both

General information:

Who will be responsible to care for your new pet on a daily basis?

Answer: _____

Have you previously adopted a companion from a shelter or rescue group?

Yes No Organization name? _____

Thank you for taking the time to fill out this application.

Please sign and return to:

HSOMC
P.O. BOX 1034
MIDLAND, MI 48641-1034

Or return to info@hsomc.org

Signature of Applicant _____