



# HSNU ANIMAL ADOPTION APPLICATION

**Please fill out this form completely. All information is required.**  
**\*We reserve the right to refuse adoption to anyone for any reason at any time.\***

Type of pet you are applying for:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat
What are the preferred traits you are looking for? (breed, color, sex, etc.)	

Name:				Date:	
Street Address:					
City:		State:		Zip:	
Home Phone:		Work Phone:			
Best time to call:		Email:			
Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Spouse/Partner					

<b>List names of all members of household (include age if under 18):</b>		
Age, if under 18:	Age, if under 18:	Age, if under 18:
Age, if under 18:	Age, if under 18:	Age, if under 18:
Age, if under 18:	Age, if under 18:	Age, if under 18:
Does any member of your household have allergy to an animal?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you own or rent your home?	<input type="checkbox"/> Own <input type="checkbox"/> Rent
If you rent, do you have your landlord's permission to own a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you rent, provide your landlord's name and phone number:	

Do you have a fenced yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fence height and type:	
Does Fence completely enclose yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Where will your new pet spend the day?			
Where will your new pet spend the night?			
How many hours on average will the pet spend alone each day?			
Are you willing to have a representative of the Humane Society of Northern Utah come to see where the pet will be living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	

Do you have a regular veterinarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterinarian's name:	
Veterinarian's phone number:	
Are you able and willing to spend the time and money necessary to provide medical treatment and proper care for your new pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

How many pets have you owned in the past 5 years?		
Number of dogs:		Number of dogs you still own:
Number of cats:		Number of cats you still own:
If you no longer have these pets, describe what happened to them:		
Have you ever surrendered a pet to a shelter?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a pet euthanized? If yes, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:

Do you currently own pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
If yes, describe each pet:			
Pet 1:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	Age _____	
	If dog, breed: _____	Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet 2:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	Age _____	
	If dog, breed: _____	Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet 3:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	Age _____	
	If dog, breed: _____	Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet 4:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____	Age _____	
	If dog, breed: _____	Spayed or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that the information I have provided on this application is accurate and true to the best of my knowledge.			
Signature:		Date:	