




# Andalusia Area Humane Society

411 Pearl Street, Andalusia, Alabama, 36420

## Adoption Application

Thank you for considering adoption. Our priority is to ensure we place pets in homes most suitable for them, and we strive to ensure both pets and people develop full, happy and healthy relationships. Ideally, we want our pets to become a member of your family!

The Team at AAHS 

Full name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
How long have you lived at this address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Best time to call: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Family & Housing *(Please use back of page if extra space is needed.)*

How many adults are there in your family (their relationship to you)?  
\_\_\_\_\_  
\_\_\_\_\_

How many children (ages)?  
\_\_\_\_\_  
\_\_\_\_\_

What type of home do you live in single family, town home, apartment, farm, etc.?  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your household: \_\_ Active \_\_ Noisy \_\_ Quiet

If you rent, please provide the rules allowing pets and the landlord's name and contact information:  
*(by providing this information you are allowing AAHS to contact your landlord)*  
\_\_\_\_\_  
\_\_\_\_\_

Does anyone in the family have a known allergy to animals or dander? \_\_\_\_\_

Is everyone in agreement with the decision to adopt a pet? \_\_\_\_\_

Do you have time to provide adequate love and attention? \_\_\_\_\_

**Other & Previous Pets**

Do you own other pets (specify type and number)?

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Are these pets up to date on vaccines? \_\_\_\_\_

Are these pets spayed/neutered? Yes\_\_\_\_\_ No\_\_\_\_\_ (if no, please explain why)

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Have you ever surrendered a pet? Yes\_\_\_\_\_ No\_\_\_\_\_ (if yes, please explain why)

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Have you ever had a pet euthanized? Yes\_\_\_\_\_ No\_\_\_\_\_ (if yes, please explain why)

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Have you ever lost a pet to an accident? Yes\_\_\_\_\_ No\_\_\_\_\_ (if yes, please explain how)

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How do you discipline your pets and why might you do so?

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**Veterinarian**

Do you have a regular veterinarian? Yes\_\_\_\_\_ No\_\_\_\_\_

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

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

Clinic Phone: \_\_\_\_\_

*(Providing AAHS with this information you are allowing AAHS to call your vet. Please call your vet and ask them to authorize the release of information to AAHS.)*

Where will the pet spend the day?

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Where will the pet spend the night?

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Number of hours (average) pet will spend alone? \_\_\_\_\_

Who will have primary responsibility for this pet's daily care? \_\_\_\_\_

Who will have financial responsibility for this pet? \_\_\_\_\_

Do you agree to provide regular health care by a Licensed Veterinarian? Yes\_\_\_\_\_ No\_\_\_\_\_

When the pet goes out, how do you plan to supervise it? (For example, do you have a fenced yard?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree to contact AAHS if you can no longer keep this pet? Yes\_\_\_\_\_ No\_\_\_\_\_

A home visit is the final step of the adoption process, by signing this application you are agreeing to schedule a time for an AAHS volunteer to visit before finalizing your adoption.

How did you hear about AAHS? \_\_\_\_\_

**Personal References**

Please list individuals who are familiar with you (and your current pets).

Name:  
Address:  
Phone:  
Relationship (relative, neighbor, friend, etc.):

Name:  
Address:  
Phone:  
Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This pet will reside in my home both as a pet and member of the family. I will provide it with quality food, plenty of fresh water, indoor shelter, affection, annual physical examination, monthly heartworm, flea & tick prevention, and vaccinations under the supervision of a licensed veterinarian.

\_\_\_\_\_  
Signature - Primary Cargiver

\_\_\_\_\_  
Date

