

# APPLICATION FOR ADOPTION

**PLEASE READ CAREFULLY!**

S.H.S. RESERVES THE RIGHT OF DENIAL ON ANY APPLICATION

Falsifying information on this application will result in adoption denial as well as denial on any future adoption application or request for adoption.

**YOU MUST BE A MINIMUM OF EIGHTEEN YEARS OF AGE TO ADOPT.**

- 1) Do you rent your residence? Yes \_\_\_ No \_\_\_  
\*If you rent, please provide the following:  
Landlords Name \_\_\_\_\_ Phone # \_\_\_\_\_
- 2) Do you live in a house \_\_\_\_\_ apartment \_\_\_\_\_ mobile home \_\_\_\_\_ or Other \_\_\_\_\_?  
If mobile home – Do you own your land? Yes \_\_\_ No \_\_\_
- 3) Have you ever adopted from this shelter before? \_\_\_\_\_ When? \_\_\_\_\_ What? \_\_\_\_\_  
\*If previously adopted, where is the pet now? \_\_\_\_\_
- 4) Do you have any children living in your home where the animal will reside? Yes \_\_\_ No \_\_\_  
\*If so, what are their ages? \_\_\_\_\_
- 5) What is your reason for adopting? Family Companion, Guard Dog, Gift, Other (please pick one from the dropdown)
- 6) How do you plan to confine the animal? House, Fence, Kennel, Chain, Runner, Run Free  
Or Other \_\_\_\_\_

**\*If adopting an older animal with an adult animal at home you must bring animal to visit with new animal first.**

- 7) How many dogs do you own? \_\_\_\_\_ Breeds \_\_\_\_\_.
- 8) How many cats do you own? \_\_\_\_\_
- 9) Are these animals spayed or neutered? Yes \_\_\_ No \_\_\_
- 10) Would you be interested in information regarding low cost spay & neuter or dog training services?  
Yes \_\_\_ No \_\_\_
- 11) Are your animals' vaccinations current? Distemper \_\_\_ Rabies \_\_\_ Kennel Cough \_\_\_  
Who is your veterinarian? \_\_\_\_\_ Phone # \_\_\_\_\_
- 12) Do you understand veterinary care will be required for the animal you are adopting?  
Yes \_\_\_ No \_\_\_

**Do you understand veterinary care will be at your expense? Yes \_\_\_ No \_\_\_**

*Veterinary care which will be at your expense includes but is not limited to internal parasites, kennel cough, upper respiratory infection, allergies, etc.*

**\*Are you willing and prepared to provide this veterinary care? Yes \_\_\_ No \_\_\_**

CONTINUED

**ADOPTION APPLICATION CONTINUED...**

- 13) Do you have any objections to a home check at a reasonable hour by any staff member of the Spartanburg Humane Society, any City Animal Control Officer, or any County Animal Control Officer? Yes\_\_\_\_ No\_\_\_\_  
If yes, comments\_\_\_\_\_
- 14) I am aware that if adopting a feline (Cat) that I will provide, or purchase a legitimate pet carrier at time of pick-up. (No cardboard boxes, clothes baskets, etc)\_\_\_\_\_ (please initial)
- 15) I am aware that a leash and collar will be required at the time of pick up on all canine adoptions. \_\_\_\_\_ (please initial)
- 16) I am aware that all animals adopted from the Spartanburg Humane Society will automatically be signed up for 30 Days Free Shelter Care pet insurance. \_\_\_\_\_ (please initial)
- 17) I consent to the release of my name and telephone number to anyone who finds my pet. YES\_\_\_\_ NO\_\_\_\_  
(If no, you will only be contacted through the microchip company 24Pet watch).
- 18) If my pet is missing and you cannot reach me please call:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 19) I am aware that I can purchase heartworm prevention for the animal I am adopting at a Reduced price. Would you be interested? Yes\_\_\_\_ No\_\_\_\_
- 20) I am aware the animal I am adopting may need medication to take home after having surgery.  
THERE WILL BE A MINIMAL CHARGE FOR THESE MEDICATIONS \_\_\_\_\_ (initial)

**Owner Information Below (Please Print)**

Name : \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address	City	State	Zip Code
---------	------	-------	----------

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Please note: Email addresses are required for pet health insurance. If you do not have one, one will be created for you. Your email address will only be used for the insurance company to contact you and you will receive the SHS email newsletter.

*I certify the above information is true and accurate to the best of my knowledge.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of SHS Representative \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED OR DENIED      Scheduled\_\_\_\_ Need to schedule\_\_\_\_ Vet Card\_\_\_\_**