

**Animal Name/ID**

**F#**

**ABERDEEN AREA HUMANE SOCIETY ADOPTION APPLICATION**

Caring for a pet is a very important responsibility. We at the Aberdeen Area Humane Society are committed to providing the animals in our care with the best possible homes. We believe a comprehensive interview process is essential in finding responsible, well-informed pet owners for our animals. That is why we ask so many questions on our adoption application. We appreciate your cooperation in providing this information. Be assured that this information will be held in the strictest confidence and will not be given to any other party. If you are unsure of anything about the pet you are considering or about the adoption process, please feel free to ask. Thank you.

Please print and complete entire form. Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ If no, how do you plan to provide for this animal? \_\_\_\_\_

Would you like this pet for: You \_\_\_ Children \_\_\_ Family \_\_\_ Gift for someone else \_\_\_

Is this pet to be a: Companion \_\_\_ Mouser/Barn Cat \_\_\_ Assisted Living/Nursing home \_\_\_

How long have you lived at the above address? \_\_\_\_\_ Do you live in a house, apartment, or mobile home? \_\_\_\_\_ Do you rent or own? \_\_\_\_\_ Does your landlord allow pets? \_\_\_\_\_

Landlord's name/phone number \_\_\_\_\_

Will the cat be primarily an: Indoor pet \_\_\_\_\_ Outdoor pet \_\_\_\_\_

If this cat is to be outdoors, what type of shelter will be provided? \_\_\_\_\_

How will you handle scratching and destructive behavior?: Declaw \_\_\_ Spray bottle \_\_\_ Provide scratching post \_\_\_ Other (describe) \_\_\_\_\_

On an average day, how many hours will this pet be left alone? \_\_\_\_\_

How many hours a day do you have to devote to your new pet? \_\_\_\_\_

Do you currently own any pets? Yes \_\_\_ No \_\_\_ (\*If no, skip to next paragraph)

If yes, please list the following information:

Name	Breed/Species	Spayed/Neutered	Vaccinations current
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*If no, have you owned any pets in the last 5 years? Yes \_\_\_ No \_\_\_ If yes, what has happened to these pets? \_\_\_\_\_

Who is your current Veterinarian? \_\_\_\_\_ Don't have one \_\_\_\_\_

If your vet is from another city, please list the name of the vet clinic, city, and phone number)

Please list any vet clinics you have worked with in the past 5 years \_\_\_\_\_

\_\_\_\_\_

If you have children, what will their role be in caring for this cat? \_\_\_\_\_

If you go on vacation, what will you do with your cat? \_\_\_\_\_

If you are a student, what will you do with your cat during the summer? \_\_\_\_\_

If you move, what will you do with your cat? Take with \_\_\_\_ Give to friend \_\_\_\_ Free ad in paper \_\_\_\_

Take to city pound \_\_\_\_ Return to Humane Society \_\_\_\_

Have you ever adopted a pet from a Humane Society? Yes \_\_\_\_ No \_\_\_\_ If yes, when and where: \_\_\_\_\_

Have you ever used the services of the Aberdeen Area Humane Society? \_\_\_\_\_

If yes, what was it for? \_\_\_\_\_

How did you hear about the Aberdeen Area Humane Society? \_\_\_\_\_

Please list three references: (Neighbors, Veterinarians, Colleagues, etc. are great references – no references from your household please)

Name

City/State

Phone No.

_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for denial of application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**Please mail application to:**

Aberdeen Area Humane Society  
2511 385th Ave. S  
Aberdeen, SD 57402-1013