

James A Brennan Memorial Humane Society
 437 Nine Mile Tree Road
 Gloversville, NY 12078
 (518) 725-0115

Date of Application: _____

Pet Name: _____

ACCEPTED / DENIED Initials: _____

ADOPTION APPLICATION

Name:		Age:	Home Phone:
Spouse/Partner's Name:		Age:	Cell Phone:
Street Address:		Do you: <input type="checkbox"/> Own your home <input type="checkbox"/> Rent	Landlord's Name:
City, State Zip:			Landlord's Phone:
How long at current address?		If less than one year, please provide previous address	
Other members in the household—adults and children (with ages):			
Are you: <input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Retired		Employer's Name:	
		Employer's Phone:	
I am adopting a pet as a: <input type="checkbox"/> Companion for myself <input type="checkbox"/> Companion for my other pets <input type="checkbox"/> Companion for someone else <input type="checkbox"/> Other: _____			
The most important thing I want in a pet is: _____			
I consider my home to be: <input type="checkbox"/> Calm/quiet <input type="checkbox"/> Moderate <input type="checkbox"/> Busy/loud/active			
I prefer a: <input type="checkbox"/> playful/active pet <input type="checkbox"/> laid back/lazy pet <input type="checkbox"/> affectionate/lap pet <input type="checkbox"/> more independent pet			
This pet will live: <input type="checkbox"/> Indoors only <input type="checkbox"/> Indoors and Outdoors <input type="checkbox"/> Outdoors Only			
If the animal will be outdoors at least some of the time, please circle any of the following that apply <i>In a pen On a chain Fenced-in yard Free room</i>			
Additional Information: _____			
I need a pet that is comfortable with: <input type="checkbox"/> Infants/toddlers <input type="checkbox"/> Adolescents/teens <input type="checkbox"/> Cats <input type="checkbox"/> Small dogs <input type="checkbox"/> Large dogs <input type="checkbox"/> Other: _____			
This pet needs to be: <input type="checkbox"/> Completely housebroken <input type="checkbox"/> Able to stay crated for up to 8 hours/day <input type="checkbox"/> I am willing to work on housebreaking			
When I am not home, this pet will be kept: <input type="checkbox"/> Loose in house <input type="checkbox"/> Crated <input type="checkbox"/> In garage/other building <input type="checkbox"/> Outside in yard/on chain			
I am willing to provide obedience and/or behavior training to a dog: <input type="checkbox"/> Yes, absolutely <input type="checkbox"/> No, too expensive <input type="checkbox"/> If needed, yes			
Is there a situation in which you would not be willing or able to keep your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			
Have you or anyone in your home given away, sold, or surrendered a pet to a shelter/humane society/rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			

What bad habits can you not tolerate in a pet? _____

This pet will need to be left alone for _____ hours/day. Comments: _____

New pets sometimes need time to adjust to new surroundings/family members. How long would you consider to be a reasonable adjustment period? _____

What pets are currently in your household?

Pet's Name	Breed/Type of Pet	Age	Sex	Spayed or Neutered?
			M F	YES NO
			M F	YES NO
			M F	YES NO
			M F	YES NO
			M F	YES NO

Who is your current veterinarian for these pets?

Clinic Name: _____ Veterinarian Name: _____

Address: _____ Phone: _____

Are the records under your name? _____

What other pets have you had in the past 5 years?

Pet's Name	Breed/Type of Pet	Spayed or Neutered?	What happened to this pet?
		YES NO	
		YES NO	
		YES NO	
		YES NO	
		YES NO	

Who was the veterinarian for these pets?

Clinic Name: _____ Veterinarian Name: _____

Address: _____ Phone: _____

Are the records under your name? _____

Please list two personal references (not related to you)

Name: _____	Phone: _____
Name: _____	Phone: _____

I certify that the information I have given is true, and I authorize the James A. Brennan Memorial Humane Society to contact veterinarians, landlords, and references to investigate all statements in this application. I understand that no animal shall be considered promised to me nor held for me during this application process, and completion/submission of this application does not guarantee me the right to adopt an animal.

Signature: _____ Date: _____