

ASSOCIATED HUMANE SOCIETIES

Newark/Executive Offices

Phone (973) 824-7080

Fax (973) 824-2720

e-mail:AssociatedHumane@aol.com

Popcorn Park Zoo/Forked River

Phone (609) 693-1900

Fax (609)693-8404

e-mail:NJHUMANE@aol.com

Tinton Falls

Phone (732) 922-0100

Fax (732) 922-4032

Union

Phone (908)810-1663

Fax 908-810-1670

Adoption Application

The Society reserves the right to refuse any adoption

“All items must be filled out completely!”

Date:_____

Name:_____Address_____

City,State, Zip:_____

Home Phone:_____Work Phone:_____

E-Mail at Home:_____E-Mail at Work:_____

Date of Birth_____

Drivers License#_____Exp. Date:_____

Who will primarily be responsible for this pet? Self Spouse Children Other

How many children at home?_____Ages,_____

Do you Own a home? Rent a house or apt? Live w/parents? Other?
How long have you lived at this address?_____

Type of home (i.e.appt., condo ,ranch, mobile home, farm, etc)_____

Landlord’s name_____Phone_____

How many hours will your pet be left alone during the day?_____

Where will he/she be kept when you are not home?_____

How many hours per day will he/she be inside_____How many hours outside?_____

Where will he/she be kept when outside? tied outside in a dog run in a fenced yard other

Do you have a yard? Yes No Do you have a doghouse? Yes No

Have you ever owned pets in the past? Yes No

What kid of pets did you own?_____

Where did you get them from?_____

How many pets have you owned in the last 5 years? #dogs_____ # cats_____ Other_____

What happened to them? [] Lost [] Given away [] Sold [] Died [] Other
If they died, from what and how old?_____

Have you ever adopted a pet from Associated Humane? [] Yes [] No When?_____

Have you ever turned a pet into Associated Humane? [] Yes [] No If so, was the pet your own?_____ a stray:_____ Other?_____

How many pets are now living at the above address? [] None

Dogs (please list)

Name:_____ Age_____ Neutered?_____ Up to date on all shots?_____
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Name:_____ Age_____ Neutered?_____ Up to date on all shots?_____
Name:_____ Age_____ Neutered?_____ Up to date on all shots?_____

Cats: (please list)

Name:_____ Age_____ Neutered?_____ Up to date on all shots?_____
Name:_____ Age_____ Neutered?_____ Up to date on all shots?_____
Name:_____ Age_____ Neutered?_____ Up to date on all shots?_____
Name:_____ Age_____ Neutered?_____ Up to date on all shots?_____

Other pets? What kind?_____

Have any of your pets had medical problems in the last month [] yes [] no

If yes, explain_____

Name of your veterinarian/vet hospital:_____

Address:_____

Does anyone in your family have allergies? _____

ANSWERS TO THE FOLLOWING QUESTIONS WILL HELP US SELECT AN APPROPRIATE PET, BEST SUITED FOR YOUR INTERESTS AND LIFESTYLE.

Are you interested in (Please check all that apply) House Pet?_____ Outside Pet?_____
Pet for Breeding?_____ Pet for business?_____ Watch dog?_____ Dog for hunting?_____
_____ Cat for mouser?_____ gift?_____ for whom?_____

Breed(s) desired: Dog:_____ Cat:_____

Sex? [] Male [] Female [] Doesn't matter

Age: [] Adult/over 12 months [] Puppy/kitten 2-4 mos. [] 4-8 mos. [] 8-12 mos.
Size: [] Small [] Medium [] Large

Are you planning to spay or neuter your adopted pet? Yes No Undecided

How did you happen to visit us today? Previous adopter Humane News saw animal on the Internet Friend Newspaper ad – Which Newspaper? _____
 Other, please explain _____

In signing this application, I certify that I have answered all questions truthfully, and that I accept the terms of this Adoption Agreement given to me, and understand all statements and stipulations provided by the Associated Humane Societies, Inc.,

Signature: _____ Date: _____

<u>STAFF ONLY</u>	Landlord verified: _____
AHS Branch _____	_____
File # (s) _____	Vet Check/Comments: _____
_____	_____
_____	Staff Completing
_____	adoption _____