

**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.apt., 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?\_\_\_\_\_  
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?\_\_\_\_\_

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: \_\_\_\_\_

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