

Humane Society of Calloway County  
P. O. Box 764, 607 Poplar Street,  
Murray, KY 42071  
Phone: (270) 759-1884 Fax: (270) 761-1884

(052212)

## SMALL ANIMAL ADOPTION APPLICATION

ANIMAL NAME \_\_\_\_\_ Date \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ (must be 21)

Address (No P. O. Boxes!) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

### I currently Own

\_\_\_\_ house \_\_\_\_ condo \_\_\_\_ trailer For how long? \_\_\_\_\_

### I currently Rent or Lease (circle one)

\_\_\_\_ house \_\_\_\_ condo \_\_\_\_ trailer \_\_\_\_ apartment For how long? \_\_\_\_\_

If you Rent or Lease, do you have your landlord's permission to keep a pet? \_\_\_\_ Yes \_\_\_\_ No

We must contact your Landlord prior to adoption.

Landlord's Name \_\_\_\_\_ <MUST BE PROVIDED> Phone \_\_\_\_\_

### I currently live with family or friends

\_\_\_\_ house \_\_\_\_ condo \_\_\_\_ trailer \_\_\_\_ apartment For how long? \_\_\_\_\_

Homeowner's Name \_\_\_\_\_ <MUST BE PROVIDED> Phone \_\_\_\_\_

### How many people live at your residence? \_\_\_\_\_

Please let us know the ages of all other people living in your home \_\_\_\_\_

As an adult, have you owned a pet? \_\_\_\_ If Yes-what? \_\_\_\_\_ No

What happened to him/her? \_\_\_\_\_

Do you currently have other animals? \_\_\_\_ Yes (if yes, please list...continue on back if more than 4) \_\_\_\_ No

Name	Type/Breed	Age	Sex	Spayed/Neutered? (If NO, Why not?)
------	------------	-----	-----	------------------------------------

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

VETERINARIAN \_\_\_\_\_ <MUST BE PROVIDED> Phone \_\_\_\_\_

I give my permission for Humane Society of Calloway County (HSCC) to contact my veterinarian in order to verify that I have acted responsibly concerning the medical care for my animal in both consistency and in financial good standing. Initials \_\_\_\_\_

I am aware of the basic care requirements for this particular animal (health, diet, amount of cage space, litter used, grooming, socialization, dental care if applicable). Yes No

I feel that I need further education in how to care for this animal Yes No

I have or have had other animals of this same breed. Yes No If yes, where are they kept? \_\_\_\_\_

I am aware that small animals can be considered prey for larger animals, and agree to provide a safe environment for this pet. Yes No

I agree to have this animal altered or kept away from animals of the opposite sex. I will not be breeding this animal at any time. Yes No

This pet will live:

\_\_ Indoors \_\_ Indoors/Outdoors \_\_ Mostly Outdoors \_\_ Outdoors \_\_ In a Cage Outdoors \_\_ In a Barn

**I acknowledge that all of the information on the Entire Application and Contract is True and Correct.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

We Reserve The Right, In Our Sole Discretion, To Refuse Any Applicant. It is for the benefit of our animals. The HSCC appreciates your consideration for wanting to provide a loving home for an animal in need.