

Name:	Email:					
Address:						
City:	_ State:	Zip:		Phone No	o.:	
What type of dog/cat are you looking	ng for? (size	, age, sex, e	etc.)			
What type of accommodation do yo	ou live in? (h	ouse, apart	ment, m	obile hon	ne, etc.)	
Who owns your accommodation?_ If renting, please provide landlord's What pets do you currently own? Dog/Cat (Please include name and	breed)			Sex		
Why do you want to adopt a dog/ca						
How many people live in your house	sehold and w	hat are the	ir ages?			
On an average day, how long would	d your dog/c	at be left or	ı its owı	n and why	?	
Where will you keep your pet durir	ng the daytin	ne and nigh	ttime?_			
Do you have a fenced in yard? If yes, please describe the type and						
To feed, vaccinate, license, and proyearly:			_			
What behaviors, if any, can you just	t not tolerate	e, or do you	feel wo	ould be dif	ficult for you to manage?	
Would you like more information of	on crate train	ing your ne	w dog?			
Name and telephone of veterinarian you are currently using or plan to use:						
What is your opinion on spaying/neutering of companion animals?						
Would you be willing to allow a Humane Society representative to conduct a home visit?						
Please list a reference that is familiar with your relationship with animals:						
How did you hear about the Human						
I understand that completing this Humane Society of Stillwater. The adoption to individuals who do no	he Humane	Society of	Stillwat	er reserv		

Date:\_\_

Please sign: