



Date: _____

Pet Interested In: _____

Name: _____

Address: _____

City/State _____

Phone #: _____

Secondary Phone #: _____

Do you own your home? Yes No

Do you rent? Yes No Do you have landlords permission to have pets? Yes No

Landlords Name & phone number: _____

Verified by Staff Member _____

Description and type of fencing: _____ **Percentage of time animal will be outside:** _____

Please list the Pets currently residing in your home:

Name	Dog or Cat	Spay or Neutered	Current Rabies Y/N
1) _____			
2) _____			
3) _____			
4) _____			

What Veterinary Clinic do you use? _____

Staff use: Approved Denied, why: _____ Initial _____

When animals are taken in, they rarely have a medical history. If there is one available that indicates medical or veterinary care has been given, this information is passed on to the new owner. The Humane Society of Wichita County is not Responsible for medical bills that my may encounter. _____ Initial

If the animal you adopt is too young to be altered at the time of adoption you will be asked to pay a deposit which will be refunded after the animal is altered. _____ Initial

The HSWC does not refund adoption fees. _____ initial.

I have read and agree to the terms of the adoption contract.

Sign _____ Date _____