



# The Humane Society of Charles County, Inc. Small Animal Adoption Application



Animal's Name: \_\_\_\_\_ Animal Type: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Co-Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about the Humane Society of Charles County? \_\_\_\_\_

Length of time at this address? \_\_\_\_\_ Is it a house? \_\_\_\_\_ townhouse? \_\_\_\_\_ or apartment? \_\_\_\_\_

Do you own your home? \_\_\_\_\_ Rent? \_\_\_\_\_ Military housing? \_\_\_\_\_ Live with parents? \_\_\_\_\_

If renting, name & phone # of landlord \_\_\_\_\_

Have you ever applied for or adopted an animal from this shelter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ What was the outcome? \_\_\_\_\_

How many adults live in your home? \_\_\_\_\_ Children? \_\_\_\_\_ Age of children? \_\_\_\_\_

Where will the animal be kept? \_\_\_\_\_

What type of housing do you have for the pet you wish to adopt? \_\_\_\_\_

What would happen to the pet if you have to move? \_\_\_\_\_

Please list all of the animals you have owned or lived with (starting with the most recent or current):

Type & Breed of Animal (e.g., cat-Persian, dog-Beagle)	Name of Pet	Age	Sex	Spayed or Neutered? Yes or No	When did you own this pet? (e.g.,1990-1998)	Where is/was the pet housed?	Do you still own this pet? If not, what happened?

What veterinary/veterinary hospital sees and cares for your pets? \_\_\_\_\_

May we contact them? \_\_\_\_\_ Phone number (if known) \_\_\_\_\_

*I certify that all the information provided in this application is true, and I understand that false information may void this application.  
I understand that the Humane Society reserves the right to decline any adoption request for any reason.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Staff use only) \_\_\_\_\_

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