



# Helotes Humane Society

INFO@HHSANIMALS.ORG • 210/ 422-6242



Please answer all questions completely (use the tab key to move from field to field). Please save this document to your computer before completing. When finished, attach the saved file & email to [info@hhsanimals.org](mailto:info@hhsanimals.org) or fax to 210-855-3772.

Date: **EMAIL:**

**Name:** (Include names of all adults in family who will be adopting; i.e. spouse or significant other, if applicable)

*(Note: You must be at least 21 years old in order to adopt a pet from Helotes Humane Society)*

Address: City: State: Zip:

Home Phone: Work Phone: Cell Phone:

Age of Applicant: Age of Applicant's Spouse (if applicable):

Occupation of Applicant: Place of Employment Of Applicant:

Occupation of Spouse: Place of Employment Of Spouse:

How did you hear about Helotes Humane Society Group?

Which pet are you interested in adopting (sex/breed mix/age/name):

How many other pets do you currently own or have living in your home?

S/N = Spay/Neuter

Name of Pet	Type/Breed	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>	S/N Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Pet	Type/Breed	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>	S/N Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Pet	Type/Breed	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>	S/N Yes <input type="checkbox"/> No <input type="checkbox"/>
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Name of Pet	Type/Breed	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>	S/N Yes <input type="checkbox"/> No <input type="checkbox"/>

Are your dogs on heartworm preventative? Yes  No  If so, what type?

What other pets have you had in the last five years (not listed above) and where are they now?

Have you adopted a pet from a rescue/shelter before? Yes  No  If yes, what type of pet was adopted? Which agency did you adopt from (please include name, address, phone number)?

How many children are in your household? What are their ages?

Do you have children/grandchildren that will be visiting the pet on a regular basis? Yes  No  If so, what are their ages?

How many adults live in your household? What hours are they at home?

What hours will the pet stay alone?

Where will the pet stay when no one is home?

Where will the pet stay during the day?

During the night?

Where will the pet stay when the family is out of town?

Will the pet be left outside unattended at any time? If yes, explain.

Describe the area where you live (city, suburban, rural)

Do you own your own home or rent? Own  Rent

**Note: Your name must be on the mortgage/lease in order to adopt.**

If you rent, do you have written permission from your landlord to adopt a pet? Yes  No

What is your Landlord's name and telephone number for verification:

Do you have a fenced in yard? Yes  No  How high is your fence at the lowest part?

Describe your fencing and gates: (type of material and height):

For dogs: If you do not have a fenced yard, what arrangements will you make to attend to your dog's exercise and toilet needs?

If the pet you are interested in adopting is not yet housebroken, are you prepared to house train him/her?

If so, what method of house training do you plan to use?

During the adoption process, would you allow a Rescue representative to visit your home? Yes  No

After the pet is placed, would you allow a Rescue representative to make a follow up visit your home? Yes  No

Under what circumstances would you find it necessary to surrender your pet? Moving  Marriage  New Baby

Divorce  Schedule Change  Illness  Other (please explain)

Do you agree to notify Helotes Humane Society if you cannot keep your adopted pet? Yes  No

**(As part of our legal binding adoption agreement, if you are no longer able to care for your adopted pet, you MUST contact the HELOTES HUMANE SOCIETY first.)**

What is the name of your veterinarian?

Vet's Phone Number?

Vet's address (street, city)?

Do we have your permission to contact your vet? Yes  No

Do you understand that your new pet will need monthly heart worm prevention and yearly vaccinations/check-ups to remain healthy? Yes  No  Do you agree to provide said vet care to your adopted pet? Yes  No

Describe your "ideal dog" or "ideal cat" :

Please provide the names, addresses and telephone numbers of two personal references (non-family members):