



Griffin Pond Animal Shelter

The Humane Society

967 Griffin Pond Road | South Abington Twp., PA 18411

Phone: 570.586.3700 | Fax: 570.586.4375

www.griffinpondanimalshelter.com

Adoption Application

Name of Pet you are applying for: _____ Dog or Cat or Other Today's Date: _____

This questionnaire will assist us in matching you with an appropriate pet. We will review it and provide a list of potential candidates for your consideration. Please be as complete and accurate as possible.

Are you 21 years of age or older? **YES** **NO**

Adopter Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City _____ State _____ Zip _____

E-Mail Address: _____ Driver's License # _____ State _____

Previous name/maiden name? _____

REFERENCES

Veterinarian _____ Phone Number: _____ Years Used: _____

Other info _____

(Please list any veterinarian you may have used in the past even if you do not have any pets currently. If vet records would be listed under someone else's name, please list their name and relation to you.)

(3) **PERSONAL REFERENCES**, other than your veterinarian. **(One family member only)**

_____ Phone Number _____

_____ Phone Number _____

_____ Phone Number _____

A. QUESTIONS REGARDING YOUR HOUSEHOLD AND LIFESTYLE

1. Occupation _____ Employer's name: _____ Ph# _____

Employer's address: _____ City _____ St _____ Zip _____

How long employed with this employer? _____

2. Spouse/Partner Information

Spouse/Partner name: _____ Employer _____

Employer's address: _____ City _____ St _____ Zip _____

How long employed with this employer? _____ Driver's License # _____ State _____

3. Do you Own or Rent your residence? _____ **Landlord**** _____ Ph. _____

(Please inform your landlord of your desire to adopt an animal. If your residence is not under your name, please list the home owner's name and phone number, even if it is a family member. Landlords have 5 days to return our phone call or we must move on to the next applicant.)**

Which of the following best describes your current residence? *(Please circle only one response.)*

Single home Double home Townhouse Apartment Mobile Home

How long have you lived at your current residence? _____

Are you planning to move within the next 6 months to 1 year? _____

NOTE: If you rent/lease your place of residence, a copy of your lease may be requested before the adoption can be finalized.

4. Previous Addresses? _____

5. Is this pet a gift? _____ For whom? _____

6. Where will this pet be kept when you aren't home? _____

7. How will you keep your new pet confined to your property? _____

8. If your pet is alone more than 6hrs each day, what provisions will you make for a dog to relieve itself and get exercise during your absence? *(Please explain)* _____

9. Are there children at home? _____ How Many? _____ Ages _____

Who else lives in the home? _____

10. If you and your family are away, what arrangements will be made for the care of your pet? _____

B. QUESTIONS REGARDING YOUR CURRENT AND PRIOR PET OWNERSHIP

11. Have you owned dogs or cats before? _____ Where are those pets now? _____

12. Have you adopted from us or another shelter or rescue group in the past? Where? When? _____

13. Have you ever needed to bring an animal to a Shelter? ____ Explain _____

14. What other animals currently live at your residence? *(Please list and explain each below)*

Name Breed Sex Spayed/Neutered? Age Time Owned Kept Where Declawed?

If you have no pets currently, how long has it been since you've had a pet? _____

15. Have you, or any other member of your household, ever been investigated by any animal welfare organization, including the S.P.C.A., Humane Society, etc.? _____

C. QUESTIONS REGARDING THE PET YOU ARE SEEKING

16. Why do you want to bring a cat/dog into your home at this time? _____

17. Do you have any preference as to the age or gender of your new companion? *(Please circle all that apply)*

Under 6 mos. Under 1 year 1-2 years 2-4 years 4-6 years 6+ years
Male Female No Preference

18. Breed preferences? _____

What is it that has generated your interest in this/these particular breed(s)? _____

19. We recommend that each adopted dog should attend introductory "obedience training." Would a formal obedience training program be something that you would be interested in? *(If NO, please provide a brief explanation.)*

D. MEDICAL/FINANCIAL

21. Do you understand that this adoption commitment is for the pet's lifetime? _____

22. Are you financially prepared to give this pet YEARLY vaccinations, YEARLY exams and the medical care it requires? _____

23. What is your view on spay/neutering your pets? _____

I/We have read and carefully answered each question on this Adoption Questionnaire and have provided truthful answers. I/We understand that in the event that false information has been given, we may be denied the right to adopt an animal and/or any animal placed in our care may be required to be returned and all fees paid by us will be forfeited. **I/We authorize our veterinarian to release information pertaining to the care of our present or previous pets. Please call 570-585-0509 after 72 hours to be sure application has been approved. Fax 570-586-4375**

I understand that I have 48 hours to respond after being contacted about my application, otherwise I will lose my place in line for the animal of interest. If applying for a dog, a meet and greet must be scheduled with all dogs in my household as soon as possible after my application is approved.

Adopter's Signature _____

Date _____

Case # _____ Rm.# _____

Approved _____ Refused _____ Initials _____ Date _____

Dog _____ Cat _____

Reason _____

Applicant Called _____ Date _____

Returns _____ Adoptions _____ Surrenders _____ Cruelty _____

Date Filed _____

National Background Check _____