

Central Aroostook Humane Society

26 Cross Street
Presque Isle, Maine 04769

Please print this application and bring it with you to the shelter.

Animal's Name: _____ **Species:** DOG or CAT
Gender: MALE or FEMALE **Age:** _____
Breed: _____ **Code #:** _____
Spayed/Neutered? YES or NO Date S/N Must Be Done: ____/____/____

This adoption form has been designed to protect both the prospective owner(s) and the shelter animals, in an effort to assess a suitable match.

Date: ____/____/____
Name(s): _____

Address: _____
City: _____ **State:** ME **Zip Code:** _____
Home Phone: (____) ____ - ____ **Work Phone:** (____) ____ - ____
Occupation: _____
Occupation (spouse/roommate): _____
Spouse/Roommate Work Phone: (____) ____ - ____

1. Are you at least 18 years old? _____
2. Do You: Rent? _____ Own? _____
3. Do you live in a:
 - a. House _____
 - b. Apartment _____
 - c. Dormitory _____
 - d. With Parents _____
 - e. Mobile Home _____
4. How long have you lived at the above address? _____
 - a. Are you planning to move within the next 6 months? _____
5. Landlord's Name: _____
 - a. Address: _____
 - b. Phone Number: (_____) _____ - _____
6. Does your landlord allow pets? YES or NO
7. How many people live in your household? _____
 - a. Do they all know you are adopting? _____
8. What are the ages of the children in your household? _____
9. Do any of the members in your household have allergies to: Dogs?
_____ Cats? _____
10. Is this pet for your household? _____

11. Please Check the Following Reasons for Adopting a DOG:

- a. Breeding _____
- b. Guard/Watch Dog _____
- c. Hunting _____
- d. Companion _____
- e. Gift _____

12. Please Check the Following Reasons for Adopting a CAT:

- a. Breeding _____
- b. Guard/Watch Dog _____
- c. Hunting _____
- d. Companion _____
- e. Gift _____

13. Please list the type (dog, cat, etc.) number and names of your current pets:

14. Are your pets:

- a. Current on Vaccinations? _____
- b. Spayed/Neutered? _____
- c. Name of Veterinarian: _____

15. Where will this animal be kept during the day? _____

a. And at night? _____

16. How many cats and dogs have you owned in the last 5 years?

a. Cats: _____

b. Dogs: _____

17. Do you still have them? _____ If not, why?

18. If you are adopting a dog, please choose all that apply of living situations:

a. Dog will be house pet, living inside with family. _____

b. Dog will live in the basement or garage. _____

c. Dog will live outdoors. _____

d. Doghouse Provided. _____

e. Guard dog for: Business _____ Residence: _____

f. Other: Please

Specify: _____

19. When home alone, dog will be:

a. In a crate, wire cage, or pen inside. _____

b. In a kennel: Indoors _____ Outdoors: _____

c. Tied up outside: Cable run _____ With a chain _____

d. Dog will be loose: Indoor _____ Outdoor _____

e. Other: Please

Specify: _____

20. How will you exercise the dog?

a. Leash walks every day. _____

b. Will have cable or dog run in the yard. _____

c. Will be free to run in fenced yard _____

d. Will have supervised access to unfenced yard: _____

e. Will be free to roam around (off leash and unsupervised in unfenced area)

f. Other: Please

Specify: _____

21. How many hours per day will the pet spend alone? _____

22. Since most shelter animals have unknown medical backgrounds, are you prepared to pay for necessary medical treatments? _____

23. Are you willing to make every attempt to correct any behavior problems that may occur with the pet? _____

24. What made you decide to apply for adoption?

25. List 3 personal references with telephone numbers.

a. _____

b. _____

c. _____

Please read the following statements and sign the application as agreement that you understand their validity as well as the answers above.

- Any falsification or omission of any of the above information will result in automatic refusal of adoption or confiscation of the adopted animal.
- The Central Aroostook Humane Society has the right to deny the adoption of any pet.
- The adoption fee is non-refundable after 7 days.
- The information provided, including pet's medical records, will be verified before you are approved for adoption.

Signature: _____ Date: ____ / ____ / ____

Signature: _____ Date: ____ / ____ / ____

Staff Only

Approved _____ Denied _____ Incomplete _____ Pending _____

Adoption Counselor's Comments:
