



Humane Society of Harford County

Adoption Application for a HSHC SMALL ANIMAL

Name: _____ Date: _____

Address: _____

City/State: _____ ZIP: _____

Phone: _____ Work: _____ Cell: _____

Email: _____ DOB: _____

Occupation: _____

Who will be primarily responsible for the care of this animal? _____

Does anyone in the household suffer from animal related allergies? YES NO

Do you live in a (Circle One): Single Family Home Apartment Mobile Home Condo
Townhouse Dorm Farm Other: _____

Do you (Circle One): Own Rent Live with Parents Other: _____

If renting, landlord/homeowner's Name: _____

Phone: _____

Where will the animal stay during the day? _____ At night? _____

Do you plan on breeding this animal? YES NO MAYBE

Are you willing to give the animal 6 weeks to adjust to its new environment? YES NO

Do you agree to take your adopted animal to a vet within 7 days of adoption? YES NO
(Ferrets & Bunnies only)

Please list all your current pets and all the pets you have had in the past 5 years:

Pet's Name	Species	Breed	Age	Sex	Altered? Yes or No	If you no longer have this pet, where are they now?

If your current pets are not up to date or altered, please explain why:

Who is your veterinarian? _____ Phone #: _____

Do you understand that your adopted animal may require additional veterinary care as a result of being exposed to shelter related illnesses (i.e. URI/Coccidia) YES NO

Have you ever had to give an animal away? YES NO

If yes, what were the circumstances? _____

I understand that the falsification or omission of any of the above information will result in automatic refusal of adoption or confiscation of the adopted animal. I authorize HSHC to verify the validity of any information contained in this application.

I hereby agree to release, discharge, indemnify and hold harmless the Humane Society of Harford County and any of its agents from any and all liabilities that may arise out of the handling by me and/or my party.

Signature: _____ Date: _____

FOR HSHC USE ONLY

Approved _____ Denied _____ Adoption Counselor: _____

Comments: _____