

Humane Society of New York Adoption Pet's Name: \_\_\_\_\_

## The Humane Society of New York

Animal Clinic / Adoption Center

306 East 59<sup>th</sup> Street, New York, NY 10022

Phone: (212) 752-4840 ext. 229 Fax: (212) 752-2803

[k9care@verizon.net](mailto:k9care@verizon.net)

### ADOPTION APPLICATION

**PLEASE PRINT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Apt: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

Type of pet you are looking for: DOG ( ) PUPPY ( ) CAT ( ) KITTEN ( )

Size: SMALL ( ) MEDIUM ( ) LARGE ( )

Other specific requirements: \_\_\_\_\_

**PERSONAL REFERENCES:**

A) \_\_\_\_\_ Home #(\_\_\_\_\_) \_\_\_\_\_ Work #(\_\_\_\_\_) \_\_\_\_\_

B) \_\_\_\_\_ Home #(\_\_\_\_\_) \_\_\_\_\_ Work #(\_\_\_\_\_) \_\_\_\_\_

1. Are you employed? YES ( ) NO ( ) Occupation? \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

3. Work Hours? \_\_\_\_\_ 4. Are you 18 years of age or older? YES ( ) NO ( )

5. Who is this animal for? \_\_\_\_\_ 6. Do you live in an apartment ( ) or house ( )?

7. Are animals allowed in your dwelling? YES ( ) NO ( )

8. Do you have other animals at this time? YES ( ) NO ( )

If YES, how many? \_\_\_\_\_ What kind? \_\_\_\_\_

How long have you had this animal(s)? \_\_\_\_\_

Is this animal(s) spayed or neutered? YES ( ) NO ( )

9. Have you ever had an animal(s) before? YES ( ) NO ( )

If YES, how long did you have that animal(s)? \_\_\_\_\_

Was that animal(s) spayed or neutered? YES ( ) NO ( ) What happened to that animal(s)? (Explain below)

10. Have you ever adopted from the Humane Society of New York before? YES ( ) NO ( )

If YES, where is that animal now? \_\_\_\_\_

11. Do you or any member of your family have allergies to animals? YES ( ) NO ( )

12. Are there children in your home? YES ( ) NO ( ) If YES, what are their ages? \_\_\_\_\_

13. Do you travel for business or vacation? YES ( ) NO ( ) If YES, who will provide for you animal(s)

while you are away? \_\_\_\_\_

14. If you share a dwelling, are other members of the household in agreement concerning the adoption of an animal? YES ( ) NO ( )

15. What is your Veterinarian's NAME, ADDRESS, TELEPHONE NUMBER?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

16. Have you considered the daily expenses for maintaining an animal? (Medical, food, grooming, etc.) YES ( ) NO ( )

17. Are you familiar with humane procedures for housebreaking? YES ( ) NO ( )

18. If a behavior problem arises, are you prepared to invest the time and expense for professional training? YES ( ) NO ( )

19. Do you have screens on your windows? YES ( ) NO ( )

20. How did you hear about the Humane Society of New York? (Explain below)

21. Do you agree to comply with all of the terms of the adoption agreement, which is attached hereto, including the spaying and neutering requirements? YES ( ) NO ( )

22. Identification (with present address)

A. \_\_\_\_\_

B. \_\_\_\_\_

ADOPTION FEE IS NON-REFUNDABLE – IT IS A DONATION

\_\_\_\_\_  
Signature of Adopter

\_\_\_\_\_  
HSNY Representative