

Pet's name you're interested in (if applicable)



The Humane Society of New York

ADOPTION APPLICATION

(must be completed before consideration)

306 East 59th Street, New York, NY 10022
Phone: (212) 752-4840 ext. 229 Fax: (212) 752-2803
To email the application: sandra.hсны@verizon.net

Name: _____ Date: _____

Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

Home Telephone: (____) _____ Cell: (____) _____

Email Address [print clearly]: _____

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

Age range: As young as _____, but no older than _____

Size (for dog): TOY (under 15lbs) SMALL (15-25lbs) MEDIUM (25-50lbs) LARGE (50lbs and up)

Other specific requirements: (particular color, breed, long hair, short hair, temperament, etc.):

PERSONAL REFERENCES: (other than someone who lives with you)

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 21 years of age or older? YES NO

5. Who is this animal for? _____

6. Do you live in an apartment or house ? Do you have a yard? YES NO

Do you have a fenced-in yard? YES NO If yes, describe: _____

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 a pet before? YES NO If YES, how long did you have that animal? _____

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 members 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? _____

21. Identification (with present address) - can be supplied with your personal interview

A. _____

B. _____

ADOPTION FEE IS NON-REFUNDABLE – It is a tax-deductible donation

Signature of Applicant

HSNY Representative