

ADOPTION APPLICATION



29th and Poplar Streets • P.O. Box 392 • Parkersburg, WV 26102
(304) 422-5541 • Fax (304) 485-4261 • www.hsop.org

Thank you for considering the adoption of an animal from the Humane Society of Parkersburg. So that we may be assured that the pet you wish to adopt is best suited for you, we require that the following questions be answered as fully and honestly as possible.

Before you adopt an animal from the Humane Society of Parkersburg (HSOP), we need you to:

1. Complete the following adoption profile and application as honestly and completely as possible.
2. Be aware that in accordance with WV 19-20B **all** animals adopted from the Humane Society of Parkersburg must be spayed or neutered.
3. Be sure you are financially able to provide for the needs of the animal throughout it's life.
4. Be sure you have adequate time and facilities to care for the animal you are interested in adopting.
5. Have the consent of all adults residing in your household.
6. Be at least 18 years of age.
7. Be aware that few animals are perfect and that you should be prepared to give any animal time to adjust and put forth effort in transitioning the animal into it's new home.
8. **Understand that this is an adoption, not a sale.** HSOP reserves the right to postpone or refuse any adoption that is not in the best interest of the animal.

Animal Name

- ☐ Cat
☐ Dog

Control No.

Date

Adopter's Information (please print clearly)

Name

Driver's License/ID#

Street Address

City

State

Zip

Home Phone

Other Phone

Email Address

Have you adopted from us before? ____Yes ____No

If yes, when and what? _____

Household Information

Home facts (Check all that apply)

☐ House – in town☐ House – in country☐ Condo☐ Apartment☐ Trailer

☐ Rent☐ Own Home☐ Live with Parents☐ Roommate(s)☐ Other: _____

Do children under 18 live with you or visit? ☐ Yes ☐ No If yes, how old? _____

Who will be this pet's primary caretaker? _____

Rate your household activity level: ☐ Quiet ☐ Active ☐ Hectic

Pet History and Experience

What is your experience with pets? (Check all that apply)

☐ First time dog owner☐ Had dog(s) as a child☐ Have had one or two dogs☐ Dog experienced

☐ First time cat owner☐ Had cat(s) as a child☐ Have had one or two cats☐ Cat experienced

How much do you expect to spend on veterinary care for your new pet in the next year? _____

Please list the animals that have lived with you in the last 5 years:

Name & type (dog or cat)	Age	Spayed/ Neutered	Vet name and Phone Number	Still with you? If not, why?	Length of ownership	Staff use only
						S N C
						S N C
						S N C
						S N C
						S N C

Expectations

What personality traits are you looking for in your new pet? _____

Where will you keep your pet during the day? _____ At night? _____

How long will the pet be without human contact during the day? _____

What type of protection and shelter do you have outside for your pet? _____

Is there any behavior problem you feel you would be unable to live with? If so, please describe: _____

Where will this pet stay when you travel or go on vacation? _____

As part of our commitment to having each adoption be a success, we'll be keeping in touch with you. Do you object to a representative of the Humane Society making a visit to your home? ☐ Yes ☐ No

If yes, why? _____

What is the best time and phone number to call you for a telephone follow-up? _____

COMPLETE THIS SECTION FOR CAT AND KITTEN ADOPTIONS

Why are you adopting a cat? ☐ Companion for self ☐ Companion for another animal ☐ Barn cat/Mouser
☐ Child's pet ☐ Office cat ☐ Gift, for whom? _____ ☐ Other: _____

Do you have a certain type of cat in mind? ☐ Yes ☐ No If yes, describe: _____

Do you plan on de-clawing your cat? ☐ Yes ☐ No ☐ Unsure If yes, why: _____

How much time do you have to interact with your cat? ☐ Minimal interaction during the week/lots of time on the weekends
☐ Cat will be with me at home and at work
☐ Cat will be my constant companion at home
☐ Other, explain: _____

How will you resolve behavior problems such as clawing furniture or failure to use the litterbox? _____

Would you like your cat tested for feline AIDs and leukemia at a cost of \$25 before leaving the Shelter? ☐ Yes ☐ No

COMPLETE THIS SECTION FOR DOG AND PUPPY ADOPTIONS

Why are you adopting a dog? ☐ Companion for self ☐ Companion for another animal ☐ Hunting dog
☐ Protection ☐ Gift, for whom? _____ ☐ Other: _____

Do you have a certain type of dog in mind? ☐ Yes ☐ No If yes, describe: _____

Size of your yard? _____ ☐ Unfenced ☐ Fenced - Type and height? _____

How will you resolve behavior problems such as chewing and housebreaking issues? _____

How will the dog get exercise? ☐ Walks ☐ Fenced yard ☐ Running loose
☐ Other, explain: _____

Would you like your new dog Heartworm tested at a cost of \$25 before leaving the Shelter? ☐ Yes ☐ No

PLEASE READ AND SIGN

I certify that all the information in this application is true and I understand that false information may void the application. I also understand that failure to comply with the completed Adoption Contract could result in my inability to adopt from the Humane Society of Parkersburg.

Signature: _____ Date: _____

Section Below is for Adoption Counselor Use Only

Adoption Counselor: _____ Date: _____ Time: _____

LL: _____ Phone: _____

Approved by: _____ Restrictions: _____

Date: _____ Time: _____ Counselor: _____

Shelter/Facilities: _____

Property/Fencing: _____

Allergies: _____

Address Verified: _____

Approved for: _____

Comments: _____

