

**Humane Society of Northwest Montana**  
Home of the Charlotte Edkins Animal Adoption Center

**PET ADOPTION APPLICATION**

**Application for (Name of Pet):** \_\_\_\_\_

**CONTACT INFORMATION:**

Applicant's Name: \_\_\_\_\_  
(Applicants must be at least 18 years old; proof of identification required)

Spouse's First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Mailing Address, if different: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Would you like to receive email from the Humane Society of NW Montana? Yes \_\_\_ No \_\_\_*  
*Would you like to receive email from Hill's Pet Nutrition, Inc. ®/™? Yes \_\_\_ No \_\_\_*

**ADOPTION INFORMATION:**

Is the pet you are applying for a: Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Puppy: \_\_\_\_\_ Kitten: \_\_\_\_\_

Have you owned a dog/cat previously? Yes \_\_\_ No \_\_\_

Have you adopted an animal from here before? Yes \_\_\_ No \_\_\_ If yes, what was the Pet's name at the time of adoption? \_\_\_\_\_

Have you ever surrendered an animal to an animal shelter? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

**ABOUT YOUR FAMILY:**

Are there children in the household? Yes \_\_\_ No \_\_\_ Ages \_\_\_\_\_

Does any member of your family have allergies to animals? Yes \_\_\_ No \_\_\_

Are there any dogs currently living in your home? Yes \_\_\_ No \_\_\_

If yes, please list their names: \_\_\_\_\_

Are there any cats currently living in your home? Yes \_\_\_ No \_\_\_

If yes, please list their names: \_\_\_\_\_

Mailing Address: P.O. Box 221, Kalispell MT 59903 Phone: 406.752.7297 Fax: 406.755.7388

Have all the dogs and cats in your home been vaccinated against rabies in the last year?

Yes \_\_\_ No \_\_\_ (verification is required)

Name of your Veterinarian (clinic name): \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ABOUT YOUR HOME:**

Does your residence have a fenced yard? Yes \_\_\_ No \_\_\_

Do you own the property where you reside? Yes \_\_\_ No \_\_\_

*If your residence is owned by someone other than yourself, verification for pets on the premises is required from the property owner(s)/landlord(s):*

If you rent your home, please provide either (1) a copy of your lease agreement or (2) your Landlord's name and phone number: \_\_\_\_\_

If you live with friends or family, please provide either (1) a copy of their lease agreement or (2) their name and phone number: \_\_\_\_\_

**MISCELLANEOUS:**

Are you interested in attending dog obedience training classes at the adoption center?

Yes \_\_\_ No \_\_\_

I certify that the information I provided in this application is true and complete to the best of my knowledge and I authorize the Humane Society to verify all information I have supplied. I also give my consent for the release of information about my lease agreement and my pet's rabies vaccination. I understand and agree that the Humane Society has complete discretion as to whether or not it will proceed with any adoption. Any untrue statements I make in this Application may result in refusal of adoption.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR HSNWMT STAFF:** Date & time of receipt: \_\_\_\_\_ Initials: \_\_\_\_\_

Landlord Verification: \_\_\_\_\_

Rabies Vaccination Verification: \_\_\_\_\_

Applicant Contacted: \_\_\_\_\_