



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

HSNWMT STAFF:
Date/Time received:

Staff Initials: _____

PET ADOPTION APPLICATION

Thank you for completing an adoption application. All applications are worked in the order they came in, confirming information and gathering records as applicable. Please understand that the verification process does not always follow the same timeline, as follow-up calls and emails sometimes need to occur. Additionally, pets that have known quirks or special health needs will be placed with the best match, not necessarily the first application. Thank you for understanding!

Application for (Name of Pet or type of dog/cat): _____

CONTACT INFORMATION

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

Home Phone: _____ Cell Phone: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address, if different: _____

E-mail Address (required): _____
Enter "None" if no email

Would you like to receive email from the Humane Society of NW Montana? 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, 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 _____

Have your children lived with pets before? _____

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: _____

Are all the dogs and cats in your home current on their rabies vaccination? 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 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 _____

I certify that the information I provided in this application is true and complete to the best of my knowledge. 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: _____

HSNWMT Staff only

Landlord Verification: _____

Rabies Vaccination Verification: _____

HSNWMT Notes:

