



SafeHaven Humane Society is committed to the well-being of each animal entrusted to our care. Our adoption process is designed to select the best match for each shelter animal and their future human family. This application will aid us in making the best possible placement.

Thank you for applying!

Name _____
 Address _____ Apt _____
 City _____ State _____ Zip _____
 Home _____ Cell _____ Work _____
 Email* _____

**If you do not have an email and want the free trial of pet insurance, please call the insurance company (Only valid for dogs 8 weeks-10 years and cats 8 weeks-12 years old)*

Do you consent to the 30 day trial of pet insurance? YES NO

Are you 18 years old or older? YES or NO ~ Please Initial: _____

1) How long have you lived at this address? _____

2) Type of residence: HOUSE APT CONDO DUPLEX MOBILE HOME

3) Do you: OWN? RENT? LIVE W/PARENTS? FRAT/SORORITY?

4) Do you: Have a private yard? ___ Is it fenced? ___ Fence Height? ___

5) How many hours will the pet be alone in the day? ___ At night? ___

6) Will the pet be Indoors Only? ___ In/Out ___ Outdoors Only ___

7) Number of children in the home? ___ Ages: ___ #Adults: ___

8) Does anyone in your home have allergies to pets? _____

9) Who is the pet for? _____

10) **Due to limited information we have on these animals, we can not guarantee they are house broken.** Sign _____

11) If you rent, does your landlord allow pets? ___ Pet deposit? ___

12) Landlord's Name & Phone _____

FOR OFFICE USE ONLY:

ID# _____
 Date IN _____
 Date OUT _____
 Pet's Name _____
 Breed _____
 Color _____
 Sex _____
 Age _____
 Spayed/ Neutered _____
 Heartworm Test _____
 FeLV/FIV Test _____
 On Medication _____
 If so, what _____

 Staff Initials _____
 Date _____
 Staff member who went over the file _____

 Final Adoption Fee _____

Please list the pets you currently have/ live with:

Type of Animal:	Sex	Age	Spayed/Neutered?	Indoors/Outdoors?	Last Vac.	How long owned?

13) Previously owned pets? Yes / No

Type of animal: ___ Age: ___ What happened to him/her: _____

14) Have you ever adopted from SafeHaven before? Yes/No What happened to him/her: _____

15) **How much do you estimate your yearly pet costs (food, medical, supplies) will be?** _____

16) EMERGENCY CONTACT (other than you for the microchip)

Name: _____ Phone _____ Relationship _____

Applicant's Signature * _____ **Date** _____

**I certify that all the above information is true. I understand that giving false information will be grounds for denying my application.*