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www.hsnt.org

Kindness, justice and mercy to every living creature

Would you like to receive HSNT's newsletter? Yes No

Would you like coupons and other information? Yes No

ADOPTION APPLICATION

Welcome to the Humane Society of North Texas (HSNT). Adopting a companion animal is a serious COMMITMENT and a RESPONSIBILITY that should be taken seriously by all members of your family. The animals available for adoption at the HSNT are animals that we have received from anyone and anywhere throughout our open door policy. No animal is ever turned away. We do our best to screen the health of each animal as it is received and during the time it is housed at HSNT. However, there is always a chance that the animal is incubating a disease at the time of admission without showing any clinical signs of disease. This simply means that the animal appears healthy and if it had been exposed to disease before admission, the vaccinations it received at admission would be ineffective in combating the disease. Applicant's signature of understanding:

This application will be retained in HSNT files.

Please print or write legibly all your responses:

Date: Name: Email:

Home Phone: Cell Phone: Work Phone:

Address: City: Zip:

How long at this address? Do you: Own Rent Landlord's name:

Landlord's Number: Brief description of pet policy:

Place of employment? How long with this employer: Other Income:

Number of adults in household: Children: Ages: Who will be responsible for the animal?

COMPANION ANIMALS CURRENTLY IN YOUR HOUSEHOLD:

Table with 5 columns: Type/Name of Animal, Spayed/Neutered, Kept Where, Time owned, Age. Rows 1) and 2)

LIST YOUR PREVIOUS COMPANION ANIMALS:

Table with 6 columns: Type/Name of Animal, Spayed/Neutered, Kept Where, Time owned, Age, Where is the animal now? Rows 1) and 2)

NAME AND ADDRESS OF YOUR CURRENT VETERINARIAN:

WHERE WILL YOU KEEP YOUR ANIMAL? (Check all that apply)

House Kennel/Crate Fenced yard Fenced Run Patio Chained Garage
Other (describe)

How many hours will your animal spend alone: Weekdays Weekends Other (describe)

How long will you allow for the animal to adjust to its new home?

If you had to give up your animal, what would you do with it?

Would you object to a follow up visit by HSNT? yes no

Breed(s) that you might wish to adopt: _____ Gender preference: _____ Age(s) preferred: _____

In summary, please write why you wish to adopt an animal from HSNT:

Can you keep your new pet isolated from existing pets for at least a week? _____ How? _____

Do you want the animal for (Check all that apply) _____ Companion for self/family _____ Companion for other animal
_____ Gift - if so for whom? _____ OTHER _____
_____ Service/Working animal - if so please describe: _____
_____ Breeder _____ Watch dog _____ Fighting dog _____ Guard dog _____ Rodent control

Do you realize you will probably have to houstrain your new animal? Yes/No Do you have a crate? Yes/No

Would you like information on how to help your dog become more accustomed to its new home? Yes/No

If adopting an adult dog, how many times a day will you exercise it? _____ How? _____

Have you considered obedience classes? Yes/No Why/Why not: _____

Do you want your animal to be Spayed/Neutered to prevent them from parenting unwanted litters? Yes/No

PLEASE EXPLAIN: _____

Will your animal be kept at home or work? _____

Are you familiar with heartworm disease? ___ Yes ___ No Type of food you plan on feeding? _____

What will you do if this animal shows destructive behavior? _____

Dogs often live longer than 10 years, cats often longer than 15, and even small pocket pets such as hamsters can live 6-8 years. Are you willing to assume responsibility for the *life* of the animal? _____ Yes _____ No

Where did you hear about HSNT? _____ TV if so what station? _____ NEWSPAPER which one? _____

Other Shelter: _____ Name of shelter? _____ Friend/Relative _____

(Name and contact info if you would like us to thank them) _____

_____ 95.9 the Ranch Radio _____ 92.1 Country Legends _____ Other Radio _____

The Humane Society of North Texas reserves the right to refuse adoption to anyone without explanation.

I certify that the above is true and that false information may result in nullifying this adoption.

Adoptor signature: _____ Date: _____

OFFICE USE ONLY:

STIPULATION: _____ COUNSELOR: _____

TDL: _____ D.O.B _____ EXPIRES: _____

COMMENTS: _____

APPROVED: _____ DISAPPROVED: _____ PENDING: _____