

MonDak Human Society, Inc.
PO Box 1572 Williston ND 58801

PET ADOPTION APPLICATION

Thank you for your interest in our animals. We would appreciate your answers to the following questions so that we can best determine if the proposed adoption is in the best interest of both the pet and your family. All information is treated as confidential. Submission of this application does not guarantee that you will receive an animal.

NAME _____ DATE ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

HAVE YOU EVER ADOPTED A PET FROM A HUMANE SOCIETY? _____

WHEN AND WHERE _____

WHERE DID YOU HEAR ABOUT MDHS? _____

SPECIFIC PET DESIRED: DOG ___ CAT ___ OTHER ___ BREED ___ AGE ___ SEX ___

IS THIS PET SECIFICALLY FOR YOUR HOUSEHOLD? _____

IS THIS YOUR FIRST EXPERICANCE OWNING A PET? ___ CAT ___ DOG ___

YOUR PREVIOUS AND CURRENT DOGS, CATS, AND OTHER PETS: (IN THE LAST FIVE YEARS)

NAME	BREED	SEX	AGE	NEUTER	CURRENT HEALTH OR CAUSE OF DEATH
------	-------	-----	-----	--------	----------------------------------

DOYOU LIVE IN AHOUSE ___ APARTMENT ___ MOBILE HOME ___ OTHER ___

DO YOU: OWN ___ RENT ___ IF YOU RENT , DOES YOUR LEASE ALLOW FOR PETS? _____

LANDLORD'S NAME _____ PHONE NUMBER _____

NUMBER OF ADULTS IN HOUSEHOLD _____ AGE OF EACH CHILD _____

LIST OTHERS IN THE HOME WHO WILL HAVE CONTACT WITH THE PET AND THEIR RELATIONSHIP TO YOU: _____

WHY ARE YOU INTERESTED IN OBTAINING ONE OF OUR PETS? _____

CAN YOU COMMIT TO CARING FOR A PET FOR ITS LIFETIME? _____

WHERE WILL THE PET STAY DURING THE DAYTIME? _____

WHERE WILL THE PET STAY DURING THE NIGHT? _____

IF THE PET WILL STAY OUTSIDE, EXPLAIN FACILITIES AND PROVISIONS

DO YOU HAVE A FENCED-IN YARD? _____ HEIGHT _____ TYPE _____

IF THERE IS NO FENCE, HOW WILL YOU ASSURE THE PET WILL STAY ON YOUR PROPERTY?

HOW MUCH TIME WILL YOU SPEND WITH YOUR PET ON A TYPICAL DAY _____

WHAT WILL YOU DO WITH THE PETE WHEN YOU GO ON VACATION? _____

HAVE YOU EVER TAKEN A DOG THROUGH OBEDIENCE CLASS? _____

SINCE MOST SHELTER ANIMALS HAVE UNKNOWN MEDICAL BACKGROUNDS, ARE YOU PREPARED TO TAKE THIS PET FOR A COMPLETE VETERINARY EXAM WITHIN ONE WEEK AND TO PROVIDE ANY NECESSARY MEDICAL TREATMENT AT YOUR OWN EXPENSE? _____

DO YOU AGREE TO HAVE THIS PET SPAYED/NEUTERED BY A LICENCED VETERINARIAN ON OR BEFORE A SPECIFIED DATE? _____

YOUR CURRENT VETERINARIAN _____ PHONE _____

LIST TWO PERSONAL REFERENCES (NAME, ADDRESS, PHONE NUMBER)

ADDED
REMARKS _____

THE ANSWERS GIVEN ON THIS PAGE ARE TRUE TO THE BEST OF MY KNOWLEDGE. ANY FALSIFICATION OR DECEPTION WILL RESULT IN THIS APPLICATION BEING DENIED.

SIGNATURE _____ DATE ____/____/____

HUMANE SOCIETY USE ONLY:

DATE _____ TAKEN BY _____

VERIFIED: AGE _____ ADDRESS _____ GAVE LANDLORD RELEASE _____

VERIFIED REFERENCES: 1: _____

2: _____

COMMENTS: _____

APPROVE _____ NOT APPROVED _____ REASON: _____

WITHDRAWN _____ REASON: _____