



## ADOPTION APPLICATION

What type of animal are you interested in adopting? \_\_\_\_\_

Name of animal? (if known) \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Would you like to receive our newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about the GDHS or the pet you would like to adopt? (please circle)

Website    Relative    Petfinder    Friend    Newspaper    TV    Radio    Veterinarian

Greater Derry Humane Society Event    Adopted through us previously    other

### **Housing**

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with Parent(s) \_\_\_\_\_ Other \_\_\_\_\_

What type of home: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Mobile Home \_\_\_\_\_

Length of residence at this address? \_\_\_\_\_

If your home is a condominium or apartment, please provide Association or Landlord's name: \_\_\_\_\_

Their Phone: (\_\_\_\_) \_\_\_\_\_

P.O. Box 142, East Derry, NH 03041 ~ 603-434-1512

Email: [contact@derryhumanesociety.com](mailto:contact@derryhumanesociety.com) ~ [www.derryhumanesociety.com](http://www.derryhumanesociety.com)



**Household Members**

Number of Adults \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages of children \_\_\_\_\_

Do any members have allergies to animals? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, what type \_\_\_\_\_

Who will be the primary caretaker of this animal? \_\_\_\_\_

**Please list all animals you have owned in the last five years.**

Species	Age	Sex	Spayed or Neutered	Do you still own? If no, why?
		M/F	Yes / No	
		M/F	Yes / No	
		M/F	Yes / No	
		M/F	Yes / No	
		M/F	Yes / No	
		M/F	Yes / No	

Veterinarian's Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Please tell us why you would like to adopt this animal: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



Where do you plan to keep this animal when you are home? \_\_\_\_\_

Where do you plan to keep this animal when you are not home? \_\_\_\_\_

How many hours a day will your new pet be alone? \_\_\_\_\_

**Your adoption counselor will provide detailed information about caring for your new pet.**

Do you have any specific questions or concerns? \_\_\_\_\_

*By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I understand that the GDHS has the right to deny my request to adopt an animal. I authorize investigation of all statements on this application.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Staff Use Only**

Adoption Counselor \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Animal's Name \_\_\_\_\_ ID # \_\_\_\_\_ ID Verified \_\_\_\_\_

**Veterinarian Visits**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_