



# ADOPTION APPLICATION

635 W Roger Rd. Tucson, AZ 85705  
520-327-6088, ext. 173  
www.HSSAZ.org



The HSSA treats adopter information as confidential. We will not disclose your information to third parties without your prior written consent, except as required by law.

I am interested in adopting a:  Dog  Cat  Small Animal (Rabbit, Guinea Pig, Rat, Fowl, etc)

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Photo ID: \_\_\_\_\_ Exp: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
Physical Address: \_\_\_\_\_  
Apt#: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Microchip Alternative Contact:** Name \_\_\_\_\_ **Microchip Alternative Contact:** Phone Number \_\_\_\_\_

### HOUSEHOLD INFORMATION:

If applicable please check the ages of children this dog will encounter on a regular basis

infant-3yr  4yrs-6yrs  7yrs-10yrs  11yrs-16yrs

Will your new pet be kept:  Primarily Indoor  Primarily Outdoor  Indoor Only  Outdoor Only

Inside/Outside Explain: \_\_\_\_\_

Current Pets: Breed: \_\_\_\_\_ Sex: M F Spayed/Neutered Y N Age: \_\_\_\_\_

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Is there a topic would you like more information on from your adoption counselor?

Pet Introductions  House/Litter Box Training  Children Introductions  Appropriate Toys  Medical Care  
 Nutrition  Crate training  Other: \_\_\_\_\_

Your support helps us care for more animals in need. Would you like to make a donation today?

Yes, I'd like to contribute:  \$5  \$10  \$15  \$20  \$50  Other \$ \_\_\_\_\_

HSSA cannot guarantee the health of the animal that you are adopting and that additional medical care, at your expense, may be necessary. \_\_\_\_\_ (initial)  
By signing below, I understand and acknowledge, that I am aware that contact with dogs, cats, and other companion animals pose a risk to people and to other animals. Such risks include, but are not limited to the following: The animals may bite, trip or knock down people, the animal may fight with other animals, and the animal may have a disease condition that may be transmitted to people or pets. I certify that all the information in this application is true. I understand that false information may void this application. I also understand that failure to comply with the completed Adoption Contract could result in my inability to adopt other animals from The Humane Society of Southern Arizona.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Staff Use Only:**

Adopter verified in database? Y N    Initials of person who verified \_\_\_\_\_    Ok to Adopt? Y N

If no explain: \_\_\_\_\_

Was child - dog/cat intro done? Y N

Was dog—dog intro done? Y N

Notes: \_\_\_\_\_

No Yard    Yard    Securely Fenced N Y    Type: Chain Link Wood Block    Height \_\_\_\_\_

If the dog is a commonly listed restricted breed and the adopter lives in an apartment complex was the pet policy verified?

Apt complex name: \_\_\_\_\_

Pet Policy verified: N Y

Notes: \_\_\_\_\_

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AA                      AD

Notes: \_\_\_\_\_

**Discussion Points**

2Vaccinations <input type="checkbox"/>	Rabies Cert <input type="checkbox"/>	Animal History <input type="checkbox"/>	Breed Characteristics <input type="checkbox"/>
URI/KC <input type="checkbox"/>	Post-surgery care <input type="checkbox"/>	Intro to home Pets/kids/other <input type="checkbox"/>	Basic Training <input type="checkbox"/>
Vet Notes <input type="checkbox"/>	Microchip <input type="checkbox"/>	Tags/Collar <input type="checkbox"/>	Licensing <input type="checkbox"/>
<b>Medications</b> <input type="checkbox"/>	Panleuk /Parvo <input type="checkbox"/>	Behavioral notes <input type="checkbox"/>	Cosmetic modification (declawing) <input type="checkbox"/>

**Post Adoption (please initial)**

Person put in to database by:	Animal Showing by:  Dog to dog by: _____	Microchip Registration done by:
Adoption Delivery done by:	Notes Entered:	

Thank you for helping  
a shelter pet in need!

