



Have you ever adopted from this shelter? \_\_\_ No \_\_\_ Yes

If Yes, When: \_\_\_\_\_ What kind of pet? \_\_\_\_\_

Have you ever had to give up an animal? \_\_\_ No \_\_\_ Yes, If yes, please explain the circumstances: \_\_\_\_\_  
\_\_\_\_\_

What Veterinarian(s) have you used for your animals?

Clinic Name: \_\_\_\_\_

Clinic Location: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Location: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

What animals currently live in your household or have lived in your household in the last 5 years?

(Please use additional paper if needed)

<u>Name / Breed</u>	<u>Sex</u>	<u>Spayed/Neutered</u>	<u>Age</u>	<u>Where Kept</u>
<u>Current/Past Pet</u>				
_____	___	___ Yes ___ No	___	_____
_____	___	___ Yes ___ No	___	_____
_____	___	___ Yes ___ No	___	_____
_____	___	___ Yes ___ No	___	_____
_____	___	___ Yes ___ No	___	_____

Are all of the animals you have now current on their rabies & distemper vaccinations?

\_\_\_ Yes \_\_\_ No \_\_\_ Unsure

**\*\*\*\*\* IMPORTANT!! PLEASE READ CAREFULLY!! \*\*\*\*\***

**By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that the Watertown Humane Society has the right to deny my request to adopt an animal for any situation that would be contrary to the society's adoption policies, in violation of any state or local ordinances, or not in the best interest of the animal. I authorize investigation of all statements in this application. I also authorize my veterinarian to release any information requested by the Watertown Humane Society.**

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

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

This application will remain on file for 3 months or until an animal is adopted by you. All information in this application will remain confidential and the property of the Watertown Humane Society.