

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.