



Animal Name_____
ID #:_____
Chip #_____
Kennel:_____
AC name:_____
Date/Time:_____
Cnsl done: Yes No
Notes:_____
_____
_____
_____
_____
_____

**Small Animal Adoption Application**

To adopt a pet you:

- o Need to present current identification showing present address.
- o Must be at least 18 years of age.

**Personal Information**

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

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Secondary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Why would you like to adopt this pet? \_\_\_\_\_

Do any children reside in your home?  Yes  No

If yes, please list their ages: \_\_\_\_\_

**Pet Information**

Please list all current and past pets in your home.

Name	Species	Age	Indoor/Outdoor?	Time in your care	Spayed/Neutered
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Adoption Promotion**

*How did you hear about pet adoptions at Nevada Humane Society? (check all that apply)*

- Newspaper Article    Newspaper Ad    Magazine    Radio    TV  
 Off-site adoption    Phone books    Friend    Website    Social Media

Additional details: \_\_\_\_\_

Did a special promotion make a difference in your decision to adopt?    Yes    No

**Agreement**

By signing this form, I acknowledge that all information on this form is true and correct. I understand that any misrepresentation of fact may result in NHS refusing adoption privileges to me. I authorize NHS to contact all the landlord if applicable. If my request for adoption is approved and later NHS discovers the above information is not true or correct, NHS reserves the right to remove the adopted pet from my home.

I would like to make an additional donation of \$\_\_\_\_\_ to go toward the care of other adoptable animals at Nevada Humane Society.

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