

Preliminary Adoption Application

AHS reserves the right to refuse adoption to anyone.

Certain dogs and/or breed mixes may require yard checks. There must be a fully enclosed 4' to 6' fence.

First Name: _____ Middle Initial: _____ Last Name: _____ DATE: ____/____/____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

(H) Phone: _____ (W) Phone: _____ (C) Phone: _____

Email Address: _____

1. How did you learn about the Atlanta Humane Society? Friend Website Television Event Advertisement
 Newspaper Yellow Pages Other (Specify): _____

2. How long have you lived at this address? _____ Years _____ Months **Do you** Own? Rent?
 House Apartment Townhouse Mobile Other (Specify): _____

3. Have you adopted from the AHS previously? Yes No. Do you still have your adopted pets? Yes No
If "no", please explain: _____

4. Are there children at home? Yes No.
If "yes", ages of children: _____

5. Are you looking for a pet for yourself, or for someone else? _____

6. Are you looking for a pet for indoors, or for outdoors, or for both? _____

7. Are you looking for: Companionship Security Gift Other: _____

8. Do you have a fenced yard? Yes. How high in feet? _____. No.

9. Do you currently have any pets? Yes No

a. If "yes", what kind and how many? _____

b. Are your current pets inside, outside or both? _____

c. Are your pets spayed or neutered? Yes No Are they up to date on vaccinations? Yes No

d. Name of veterinarian: _____ Phone Number: _____

10. Do you or anyone in your household have allergies towards animals? Yes No

11. Are you planning on moving in the near future? Yes No. If "yes", when? _____

PLEASE INITIAL THE FOLLOWING:

_____ *I understand that this pet MAY NOT be housebroken or trained, and no representations are made about temperament.*

_____ *I have full knowledge that no animal will be adopted to a person who misleads, or fails to provide accurate information on the Preliminary Adoption Application or on the Adoption Contract.*

ADOPTER'S SIGNATURE: _____ **DATE:** ____/____/____

FOR OFFICE USE ONLY:

Adopter's DL or ID #: _____ DL or ID State: _____

Date of Birth: ____/____/____ Exam/Issue Date: ____/____/____ Exp. Date: ____/____/____

Adopter Person ID #:P _____ A.H.S. ID TAG #'s: _____

County of Residence: _____ Rabies Tag #'s: _____

Animal ID #:A _____ Animal Name: _____ Insurance #: _____

Microchip#: _____ Microchip Type: 24PetWatch / Avid / HomeAgain / Other: _____

Animal ID #:A _____ Animal Name: _____ Insurance #: _____

Microchip#: _____ Microchip Type: 24PetWatch / Avid / HomeAgain / Other: _____

Comments: _____ Pre-Approved Disapproved

Adoption Counselor: _____ Approved Hold Pets for Seniors