

**Humane Society of Greene County**  
**183 Jefferson Road – Waynesburg, PA 15370**  
**Phone – 724-627-9988 Fax – 724-627-4160**

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The Humane Society of Greene County exists for the good of the animals and has a moral obligation not to adopt any animal unless it is going to a responsible home where it will be a part of the family. This application will be reviewed by our Shelter staff. We reserve the right to request additional information to require certain conditions be met before approving an application, and to conduct a pre-or post-adoption home visit. The Humane Society also reserves the right to reject any application if it is not in the best interest of the animal.

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***Please take your time in choosing a pet. A dog or cat that, hopefully, will live with you for the next 10 to 15 years should not be chosen in haste.***  
***Remember – having a pet takes time, money and most of all, loving care.***

**YOU WILL BE NOTIFIED ONCE THE APPLICATION PROCESS IS COMPLETED**

Date of Application \_\_\_\_\_

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

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

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

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

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Age: \_\_\_\_\_

Are you over 18 years of age? ( ) Yes ( ) No

Are you ( ) Unemployed ( ) Part-time employed ( ) Full-Time Employed

Employer \_\_\_\_\_ Phone \_\_\_\_\_

MAJOR source of income if not fully employed

( ) Spouse ( ) Parents ( ) Disability Retirement ( ) School Loans ( ) Other

Please show legal identification:

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_

**You are interested in adopting.....**

Cat Name:	Sex : M F	Age:	Color:	Intake #
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Dog Name:	Sex: M F	Age:	Color:	Intake #	Breed
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1. Please describe the pets you have currently and have had in the past 10 years.

Type:	Name Of Pet	Age	Sex	Spayed Neutered	Time Owned	What Happened to Pet
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2. Veterinarian Reference \_\_\_\_\_ Phone Number \_\_\_\_\_  
Last time your pets were at the veterinarian: \_\_\_\_\_  
Name of family member under which pet is registered? \_\_\_\_\_  
Are your current pets spayed/neutered? \_\_\_\_\_ Current on vaccinations? \_\_\_\_\_  
Is your dog licensed? \_\_\_\_\_  
May we call your veterinarian and ask how you care for your animals? \_\_\_\_\_  
Please call your vet and let them know that we may call. \_\_\_\_\_

3. Personal References

Please give *three non-relatives* personal references with phone numbers: (Please do not list relatives or people living with you).

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

Address \_\_\_\_\_ Relationship to you \_\_\_\_\_

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

Address \_\_\_\_\_ Relationship to you \_\_\_\_\_

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

Address \_\_\_\_\_ Relationship to you \_\_\_\_\_

4. Have you ever applied to us for an animal? ( ) Yes ( ) No If yes, when? \_\_\_\_\_  
Have you ever adopted a pet from us? ( ) Yes ( ) No If yes, when? \_\_\_\_\_

5. Why do you want to adopt this animal?  
( ) Companion ( ) Company for other pet ( ) Gift ( ) For children ( ) Other

6. How many adults live in your home? \_\_\_\_\_ How many children? \_\_\_\_\_  
Children's ages: \_\_\_\_\_  
Significant other name \_\_\_\_\_ How do they feel about adopting a pet? \_\_\_\_\_

7. Do you live in a ( ) House ( ) Mobile Home ( ) Apartment ( ) With parents ( ) Other

8. Do you ( ) Own ( ) Rent. Permission of the landlord is required

Landlord Name \_\_\_\_\_ Phone Number \_\_\_\_\_

9. How long have you lived at your current residence? \_\_\_\_\_

10. How many times have you moved in the last 5 years? \_\_\_\_\_

11. If you move in the future, what will you do with your pet? \_\_\_\_\_

12. Who will be primarily responsible for this animal? \_\_\_\_\_

13. How many hours will this pet be alone per day? \_\_\_\_\_

14. Where will this pet be kept during the day? \_\_\_\_\_

15. If you go away on vacation or in an emergency, who will care for the pet? \_\_\_\_\_

16. All pets adopted must be spayed or neutered to prevent the births of more unwanted dogs and cats. How do you feel about this? \_\_\_\_\_

17. How much do you think it will cost to care for, vaccinate and license this animal each year?

\_\_\_\_\_

18. How many years do you expect to take responsibility for this pet? \_\_\_\_\_

19. How much time would you allow your new pet to adjust to your family and/or present pets?

\_\_\_\_\_

20. Are you familiar with local animal ordinances?    ( ) Yes    ( ) No

21. Have you ever been convicted of a violent crime or sexual assault or have you ever had a "Protection From Abuse Order" entered against you?    ( ) Yes    ( ) No

