

Humboldt County Sheriff's Office Animal Care & Control Adoption Application

Application must be filled out by the person adopting the animal. Falsifying information on this application will result in refusal of this and future adoptions from this shelter.

Name: _____
Last First

Address: _____
Number/Street City Zip

Mailing Address: (if applicable) _____

Phone Number: _____
Home Alternate (work/Cel)

HOUSING: Own Property/House Rent Live with Parents/family

How long have you lived at the residence? _____

Type of housing: House Duplex Apartment/Townhouse Mobile Home

Landlord/Property Owner Info:

Name: _____

Phone: _____

Name(s) & ages of other people living in household: _____

List all pets residing at the above address: _____

LIVING ARRANGEMENTS

Where will the animal be kept during the day? _____ Night? _____

On average, how long will the animal be left alone? _____ Hrs/Day _____ Days/Week

For dogs: Do you have a fenced yard? _____ How tall is the fence? _____

Is everyone in your household in favor of the new addition? _____

SPECIFICS

Are your dogs & cats spayed/neutered? _____ Current on vaccinations? _____

If own dogs, are your dogs licensed? _____ With city/county _____

If own/owned pets what vet do/did you use? _____

Can you financially provide for this pet? _____ If an emergency occurs? _____

CONTINUE ON BACK SIDE

Have you ever surrendered an animal you **own** to a rescue, shelter or pound? _____

Have you ever been cited for an animal violation? (cruelty, abuse, neglect, control etc.) _____

Have you ever had an animal confiscated by Animal Control or any other agency? _____

Have you ever been convicted of child abuse/neglect/endangerment or domestic violence? _____

Are there any ordinances or statutes legally preventing you from owning this animal? _____

Have you ever had an animal deemed potentially dangerous or vicious? _____

Why do you want to adopt this pet? _____

What activity level are you looking for in a new pet? _____

I have answered the above questions truthfully and to the best of my knowledge.

Date: _____ Signature: _____

Comments/Additional Information

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Staff Only

Date: _____

Approved: Yes No

Initials: _____