

# Best of Friends Humane Society

6458 S Killackey Road  
Sault Ste. Marie, MI 49783  
906-635-1973

[www.best-of-friends.petfinder.com](http://www.best-of-friends.petfinder.com)

## Adoption Application

Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Address \_\_\_\_\_ How long have you lived at the above address? \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Where do you live?  House  Apartment  Condo  Mobile Home  Duplex  
If you rent, what is your landlord's name and phone number? \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address: \_\_\_\_\_

What is your occupation? \_\_\_\_\_ Are you at least 18 years old? \_\_\_\_\_

This questionnaire must be completed by the person(s) interested in adopting a companion animal from our shelter. Please do not consider it an invasion of your privacy. We at the Best of Friends Humane Society are trying to match our pets to your needs so that the pets can find a suitable, permanent home. The animals you adopt are required to live at the above address. The Humane Society will be calling your veterinarian and landlord. We are asking only vital information that is necessary before an adoption can proceed.

1. Please indicate the TYPE (**dog, puppy, cat, kitten**) of the pet you wish to adopt: \_\_\_\_\_
2. Please give the reasons you wish to adopt a pet: \_\_\_\_\_  
\_\_\_\_\_
3. How many people live in your household? \_\_\_\_\_
4. What are the ages of the children in your household? \_\_\_\_\_ Are there any elderly or disabled persons who live in your household? \_\_\_\_\_
5. Do all members of your household know you plan to adopt a pet? \_\_\_\_\_
6. Will anyone be home during the day? \_\_\_\_\_
7. Will your new pet be kept indoors at all?  Yes  No
8. What family member will have the primary responsibility for your new pet? \_\_\_\_\_
9. How do you plan to exercise your new pet? \_\_\_\_\_
10. How will you handle housebreaking a dog? \_\_\_\_\_
11. How will you handle chewing by a pet? \_\_\_\_\_
12. How will you handle scratching by a cat? \_\_\_\_\_
13. Have you ever adopted a pet from Best of Friends or another animal shelter?  Yes  No
14. How many dogs or cats have you owned in the past 5 years? Dogs \_\_\_\_\_ Cats \_\_\_\_\_
15. Have you had a **dog** die on your premises of **Parvo** or other unknown causes in the past three months?  Yes  No
16. Have you had a **cat** die on your premises of **distemper, leukemia or other unknown causes** in the past three months?  Yes  No
17. Do you currently own other pets that live in your own household?  Yes  No.
18. If Yes, please describe them, giving **age, sex, breed, and whether they are indoor or outdoor pets.** \_\_\_\_\_
19. If they are outdoor pets, please explain why. \_\_\_\_\_
20. Are their vaccinations up to date?  Yes  No
21. Are your pets spayed or neutered?  Yes  No
22. Do you plan to have your **new** pet spayed or neutered?  Yes  No
23. Please give the name, city & phone number of your veterinarian \_\_\_\_\_
24. Are you willing to go to the expense (\$60 - \$100 per year) and the trouble of taking your pet to the veterinarian for full preventative and medical care each year?  Yes  No
25. Will your pet live primarily inside or outside?  Yes  No Do you have a fenced yard?  Yes  No
26. What will you do with your pet if you go away on vacation or in case of an emergency? \_\_\_\_\_
27. If you move, what will you do with your new pet? \_\_\_\_\_
28. After you adopt, is it okay with you that a representative of the Best of Friends Humane Society come to your home to inspect the animal's living conditions?  Yes  No

Please provide two personal references:

Name / Phone / Relationship to you 1. \_\_\_\_\_  
Name / Phone / Relationship to you 2. \_\_\_\_\_

Please sign below. Your signature also gives authorization for Best of Friends to speak with your veterinarian regarding vaccinations and medical records of your current or former pets (if any).

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