



# HUMANE SOCIETY OF EL PASO PET ADOPTION APPLICATION

Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address:

\_\_\_\_\_ Street/Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*\*\*Microchip Account Registration Information sent via E-mail\*\**

Secondary Contact Name (relation): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

How did you hear about us?  TV  Radio  Social Media  Volunteer  Family  Friend

Would you like to be added to our mailing list?  Yes  No

Would you like to make a donation?  Yes, I would like to donate \$ \_\_\_\_\_  No

Why are you adopting?  Companion  Family Pet  Companion for Other Pet  
 Gift  Business  Guard Dog

Do you have other pet companions?  No, I never have.  No, but I did \_\_\_years \_\_\_months ago  
 Yes, I have \_\_\_ pets. If so, please list the breed(s) and age(s) \_\_\_\_\_

Are there children living in the household?  No  Yes, if so what ages? \_\_\_\_\_

Where do you live?  Mobile Home  House  Apartment

Are you the Property Owner?  Yes  No, When is your lease up? \_\_\_\_\_

**Some property owners/apartment complexes have breed/weight restrictions, limit the amount of Pets etc. Make sure you have checked with your housing's pet policy prior to adoption.**

What will you do with the pet if you move? \_\_\_\_\_

Approximately how much time do you have to spend with your pet?  Almost never  1 – 6 hours  6 – 10 hours  10+ hours

Your pet will spend most of its time?  Indoor  Outdoor  Chained  Indoor/Outdoor  
Do you have a fenced yard?  No  Yes; How high is the Fence? \_\_\_\_\_ Ft.

Would you like to receive coupons for pet food and supplies by Email?  Yes  No

*I certify that the information I have given in this application for a companion animal is true and correct to the best of my knowledge. I understand that the Humane Society of El Paso has the right to approve or deny this application, in accordance with its policies in regards to the quality of life the pet will experience in my care.*

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**STAFF ONLY**

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ACA NAME: \_\_\_\_\_ Animal Name & ID \_\_\_\_\_

APPROVED  DENIED

FORM OF PAYMENT  CASH  CREDIT

ADOPTION FEE: \$\_\_\_\_\_ Rabies License \$\_\_\_\_\_ Donation \$\_\_\_\_\_ Total \$\_\_\_\_\_