



HUMANE SOCIETY OF EL PASO PET ADOPTION APPLICATION

Name: _____ Driver's License # _____

Address: _____
Street/Apt # _____ City/State _____ Zip Code _____

Primary Phone Number: _____ E-Mail Address: _____

Secondary Contact Name: _____ Phone #: _____

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 receive coupons for pet food and supplies by Email? 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? Yes, I have ___ pets. If so, please list the breed(s) and age(s) _____
 No, I never have. No, but I did ___ years ___ months ago

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? Indoors Outdoors Chained Indoor/Outdoor

Do you have a fenced yard? Yes No; How high is the Fence? _____ Ft.

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 _____



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STAFF ONLY

ACA NAME: _____

Animal Name & ID: _____

APPROVED DENIED

FORM OF PAYMENT _____

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