



## 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 email mailing list? ☐ Yes ☐ No

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

Would you like to take an adoption photo? ☐ Yes ☐ No

Would you like to make a donation to help another shelter animal in need?

☐ Yes, I would like to donate \$ \_\_\_\_\_ ☐ No

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

Do you have other pet companions?

☐ No ☐ Yes, I have \_\_\_\_ pets. If so, please list the breed(s) and age(s) \_\_\_\_\_

Did HSEP introduce the animal you are adopting to animals that are already in the home?

☐ Yes ☐ No

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

Where do you live? ☐ Mobile Home ☐ House ☐ Apartment ☐ Other: \_\_\_\_\_

Are you the property owner? ☐ Yes ☐ No

**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

Where will your pet 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

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

Dog to Dog Required? ☐ Yes ☐ No

Form of Payment: ☐ Cash ☐ CC ☐ Cash / CC split

Adoption Fee: \$ \_\_\_\_\_ Rabies License \$ \_\_\_\_\_ Donation \$ \_\_\_\_\_ Total \$ \_\_\_\_\_