



**Post Office Box 3609
Lumberton, NC 28359
Phone: 910-738-8282
Call Us for Fax Instructions**
www.robesoncountyhumesociety.org

ADOPTION APPLICATION

INSTRUCTIONS

Please complete ALL questions on the following pages.

If you have completed this document in Microsoft Word format, please SAVE the file, PRINT it, and Attach it to an email to RCHSFriendsForLife@gmail.com. To fax, please call our office at 910-738-8282 for instructions.

You should receive an acknowledgement of your Application within one business day, unless it is near the weekend. If you do not, or should you have questions, please contact us at RCHSFriendsForLife@gmail.com for additional adoption information.



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ADOPTION APPLICATION

NAME(S):			
AGE:			
STREET:			
CITY, STATE, ZIP:			
PHONE:		EMAIL:	
HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?			
IF LESS THAN TWO YEARS, LIST PREVIOUS ADDRESS:			

NAME OF PET YOU'RE INTERESTED IN ADOPTING	
TYPE OF PET:	<input type="checkbox"/> DOG <input type="checkbox"/> CAT
BREED OR NAME (IF KNOWN): <small>(REFER TO WWW.ROBESONHUMANESOCIETY.ORG IF NECESSARY FOR NAME)</small>	
REASON YOU'RE INTERESTED IN THIS PARTICULAR PET/ BREED:	
ARE YOU PREPARED FOR AN ADJUSTMENT PERIOD OF TWO WEEKS TO TWO MONTHS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW MANY HOURS PER DAY WILL THIS PET BE KEPT INDOORS?	
HOW MANY HOURS PER DAY WILL THIS PET BE KEPT OUTDOORS?	

WHEN OUTDOORS, DO YOU HAVE A SHELTER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, DESCRIBE: (DOG HOUSE, SHED, ETC)	
HOW LONG DO YOU EXPECT TO OWN THIS PET?	
WHAT DO YOU ANTICIPATE THIS PET WILL COST YOU ON A MONTHLY BASIS?	
DO YOU UNDERSTAND THIS PET WILL BE NEUTERED OR SPAYED AND CAN NOT REPRODUCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW MANY PEOPLE LIVE IN YOUR HOME:	___ ADULTS ___ CHILDREN
LIST AGES OF CHILDREN:	
WHICH FAMILY MEMBER(S) WILL TAKE CARE OF THIS PET?	
DO ANY FAMILY MEMBERS HAVE ALLERGIES TO PETS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHO?	
IF YES, IS THIS PERSON(S) UNDER MEDICAL TREATMENT FOR ALLERGIES TO ANIMALS?	
HOW MANY HOURS EACH DAY WILL THIS PET BE LEFT ALONE?	
WHERE WILL THE PET BE KEPT WHEN YOU ARE AWAY FROM HOME (AT WORK, SCHOOL, ETC)?	
WHERE WILL THE PET BE KEPT WHEN YOU GO ON VACATION OR YOU ARE AWAY FROM HOME FOR AN EXTENDED PERIOD OF TIME?	
WHO WILL CARE FOR YOUR PET IF YOU BECOME ILL?	
HAVE YOU TRAINED AN ANIMAL BEFORE?	
IF RECOMMENDED WILL YOU TAKE YOUR NEW PET TO TRAINING CLASSES?	

OTHER PETS YOU <u>CURRENTLY</u> OWN					
NAME:		BREED:		AGE:	
NAME:		BREED:		AGE:	

NAME:		BREED:		AGE:	
NAME:		BREED:		AGE:	
ARE THESE PETS LISTED UNDER YOUR NAME AT THE VET'S OFFICE?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO, UNDER WHAT NAME ARE THESE PETS LISTED?					
VETERINARIAN'S NAME:					
STREET ADDRESS:					
CITY, STATE, ZIP:					
PHONE NUMBER:					

****PLEASE LIST VET INFORMATION FOR YOU PREVIOUS ANIMALS ALSO****

OTHER PETS YOU <u>PREVIOUSLY</u> OWNED			
BREED:		HOW LONG YOU OWNED IT:	
WHY DON'T YOU OWN IT NOW? (DEATH, GAVE AWAY, ETC.)			
BREED:		HOW LONG YOU OWNED IT:	
WHY DON'T YOU OWN IT NOW? (DEATH, GAVE AWAY, ETC.)			
BREED:		HOW LONG YOU OWNED IT:	
WHY DON'T YOU OWN IT NOW? (DEATH, GAVE AWAY, ETC.)			
BREED:		HOW LONG YOU OWNED IT:	
WHY DON'T YOU OWN IT NOW? (DEATH, GAVE AWAY, ETC.)			
HAVE YOU EVER HAD A PET DIE OF UNKNOWN CAUSES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER ADOPTED A PET FROM AN ANIMAL SHELTER OR RESCUE GROUP BEFORE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE LIST NAME OF ORGANIZATION:			
HOUSING INFORMATION			
TYPE OF DWELLING YOU LIVE IN:		<input type="checkbox"/> SINGLE-FAMILY HOUSE <input type="checkbox"/> TOWNHOUSE OR DUPLEX <input type="checkbox"/> APARTMENT/ CONDO <input type="checkbox"/> MINI/ MOBILE <input type="checkbox"/> OTHER (DESCRIBE)	

IF AN APARTMENT: WHAT IS THE SQUARE FOOTAGE?		
DO YOU:	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	
IF YOU RENT, LANDLORD'S NAME AND PHONE NUMBER SO WE CAN CONFIRM THAT PETS ARE PERMITTED:		
DO YOU HAVE (CHECK ALL THAT APPLY):	<input type="checkbox"/> FENCED YARD <input type="checkbox"/> INVISIBLE FENCE <input type="checkbox"/> DOGGIE DOORS <input type="checkbox"/> OTHER CONTAINMENT (DESCRIBE)	
IF YOU ARE ADOPTING A DOG AND DO NOT HAVE ANY OF THE ABOVE, HOW DO YOU PLAN TO EXERCISE YOUR DOG?		
WHAT WILL YOU DO WITH THIS PET IN CASE OF RELOCATION?		
REFERENCES (PLEASE, <u>NO</u> FAMILY MEMBERS)		
NAME	PHONE	HOW THEY KNOW YOU

Please be sure you understand and have answered all questions before signing.

FAILURE TO COMPLETE ALL QUESTIONS MAY RESULT IN DENIAL OF YOUR APPLICATION.

Please contact us if there is something you need clarified.

The approved adopter cannot transfer ownership to another household without prior approval from RCHS. If you are unhappy with the animal, we require that this animal be returned to RCHS with no refund.

Signature _____ Date _____

I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT AND THAT ANY FALSE INFORMATION MAY RESULT IN A REFUSAL OF ADOPTION AND/OR DISQUALIFICATION FROM FUTURE ADOPTIONS FROM THIS ORGANIZATION.

Signature _____ Date _____

All information on this form will be kept in confidence between the Robeson County Humane Society and the prospective Adopter. Thank you for adopting through RCHS.

FOR RCHS ONLY	
DATE APPLICATION RECEIVED:	
DATE FIRST CONTACTED APPLICANT:	
DATE DECISION MADE:	
APPROVED OR DENIED:	
RCHS SIGNATURE:	
REMARKS:	