



Humane Society of Rowan County
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www.HumaneSocietyOfRowanCountyNC.org



Adoption Application

**In order to be considered for an adoption, you must:
Be 21 years of age or older; have the knowledge and consent of all
adults living in your household; have a valid ID with current address;
have landlord's name and telephone number (or copy of lease).**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you 21 years of age or older? _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

1. What type of pet are you looking for?

DOG PUPPY CAT KITTEN FEMALE MALE

Size: _____

Would you consider a pet with special needs? _____

2. Do you want this pet for: COMPANION PROTECTION BREEDING

GIFT OTHER _____

3. How many hours per day and how many days per week will this pet be without
human companionship? _____ hours per day _____ days per week.

4. Where will your pet be kept during the day? (circle all that apply)

INDOORS OUTDOORS CRATE

During the night? INDOORS CRATE

5. Do you plan to let your cat outdoors? YES NO If yes, how often?

6. Do you prefer a declawed cat? YES NO

7. Where do you live? Single family home _____ Apartment _____
_____ I RENT _____ I OWN _____ WITH MY PARENTS

Landlord's name: _____ Phone: _____

8. Does your landlord allow pets? YES NO DON'T KNOW
Deposit required? _____ Monthly rent increase? _____
9. Do you have a fenced yard?
If fenced, please describe height and type _____
10. Please provide the following information about your household:
Number of adults: _____
Number of children & their ages: _____
What other pets: _____
11. Is anyone in your family allergic to animals? ____ CATS ____ DOGS
12. What will you do with your pets if you move in the future?

13. How much do you anticipate spending yearly to feed, vaccinate, and provide medical care for your pet? _____
14. Would you be willing to allow a representative from the HSRC to visit your home before the adoption is completed? _____
15. What pets have you owned in the last ten years? What happened to them?

16. Who is (was) your veterinarian for the above animals?
Name: _____ Phone: _____
May we contact this veterinarian for a reference? ____ yes ____ no
If yes, please contact the veterinary clinic and give your permission for staff to speak with a Humane Society of Rowan County representative about the general veterinary care of your pet(s).
17. Do you realize that a dog or cat may live 15 or more years?
18. It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time?
19. How do you plan to house train your dog? _____

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing privilege of adopting a pet. I authorize investigation of all statements on this application.

Signature: _____ Date: _____

Valid NC Driver's License number_____

Driver's License name and address checked: _____