



**Humane Society of Rowan County**  
 PO Box 295 Salisbury, NC 28145 704-636-5700  
 HSRCNC1973@gmail.com  
 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: \_\_\_\_\_