

PET ADOPTION APPLICATION

Lakeshore Humane Society
431 E. Chestnut Street
Dunkirk, New York 14048
716.672.1991
www.lakeshorehumanesociety.org

Р	et A	Applying			For:		
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Applications must be filled out completely. Must be **21** years of age to adopt. There is a pre-home visit before a dog or puppy may be adopted. Cat fee \$60.00. Two cats \$90.00 fee. \$75.00 for kittens (5 months or younger). \$150.00 for dogs. \$200.00 for puppies. Senior Cat/Dog Program – adoption fee half for cats/dogs 8 years or over. **No exceptions.** \$30.00 for cats. \$75.00 for dogs. Adoption Fee changes effective March 17, 2016.

Name	Home/Cell Phone
Address	Employed at
City & Zip	Work Phone
Your email address	
Are you are least 21 or over the age of 21	
Check Type of Housing: Own House R	ent House Rent Apartment Years at this
address: Previous address if less	than 5 yrs
If you rent, what is your landlord's name	
Landlord's Phone	Does Your Landlord Have a Pet Policy
How many adults in the household Chil	dren Ages Allergies
Why do you want a pet	
Why do you want this specific pet (please wr	ite pet's name here)
	on vaccines
Who is your Vet now or former Vet	
Who will be responsible for the pet's care (list	names of all members in household
Who will care for the pet if you cannot	
What circumstances would cause you to retur	n your pet

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Do you have ar	n enclosed yard		Wha	at are the ap	proximate	e dimensions	
Will you allow h	ome visits to ol	oserve the	animal i	n its new su	rrounding	s: Yes	No
Have you ever	adopted an ani	mal from o	r taken (please circ	le the wo	rd <u>"from"</u> or <u>"tak</u>	(en") an
animal to a she	lter: Yes	No	What sh	elter			
When		Dog _	(Cat	Other		
Why:							
					امسمم الم		
Pets			Sex	Spayed/N		I ones or barn an Inside/Outside	Years
Name	Туре	Age	Sex	Spayeu/N	leulereu	Inside/Odiside	Owned
	tory: Please lis	st any pets	s owned	in the last	5 years o	other than those	above
Pets Name	Туре	Age	Sex	Spayed/Neutered		Inside/Outside	Years Owned
Vet His	tory: Please lis				ets you l	have gone to in t	he past.
Name of Vet		Years Used			Address (City, State)		
Two references	please (other t	than relativ	es):				
					Te	lephone #:	
					Te	lephone #:	
☐ I have conta	acted my veter	inarian ar	nd given	permissio	n to relea	se information to	o LHS.
and my veterir	narian pertaini alse, and an add	ng to this option has	adoptio been ap	on only. All proved base	informatic	mation from my i on above is truthfu above information	l. Should
Signature_				Date			