



909 Columbia Blvd  
PO Box 172  
Longview WA. 98632  
Phone: 360.577.0151  
FAX: 360.414.0520

## Adoption Application

REC #:	
APPROVED BY:	
DATE:	

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expires \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Reason(s) why you are considering adoption: Please be specific: \_\_\_\_\_

\_\_\_\_\_

Do you currently live in a (Circle One): House | Apartment | Mobile Home

Do you (Circle One): Own | Rent | Live With Relatives or Friends

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who are you adopting this pet for? (Circle ones that apply) Yourself | Family | Friend | Other

If you suddenly had to give up this pet for any reason, what would you do with this animal?

\_\_\_\_\_

If your new pet were to become seriously injured or ill and needed expensive veterinary care, what would you do? \_\_\_\_\_

What Veterinarian will you be using for this pet? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_ # of Children (please provide ages of children)

\_\_\_\_\_

Does anyone in your household have allergies to animals? (Circle one) Yes | No

Have you ever had to release an animal to an animal shelter? (Circle one) Yes | No

If yes, please explain: \_\_\_\_\_

Are you familiar with animal control laws regarding licenses? (Circle one) Yes | No

Have you ever adopted from an animal shelter or rescue? (Circle one) Yes | No



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If so, which organization? \_\_\_\_\_

How will you confine this pet to your property? \_\_\_\_\_

If you have a fenced yard, type of fence: \_\_\_\_\_ Height of fence \_\_\_\_\_

Please provide the following information for all the pets you currently own:

Name	Breed	Age	Sex	Spayed/Neutered

By signing below, I agree that I have read and will abide by the above guidelines. I also realize there are NO REFUNDS for adoptions, unless a vet performs the 72-hr. vet exam, and the animal is ill. I understand the Humane Society of Cowlitz County is not responsible for any veterinary bills.

Signature \_\_\_\_\_ Date: \_\_\_\_\_