

Welcome to the
Whatcom Humane Society



**Seeking a
permanent,
loving,
responsible
home
for all
companion
animals.**

So that we may be assured that the dog you wish to adopt is best suited to you, your home and your lifestyle, and is placed in an environment that is compatible with his/her needs, we ask that you complete this application.

**FOR YOU TO ADOPT AN ANIMAL,
WE NEED YOU TO....**



Be sure that you are financially able to provide for the animal's needs. This includes food, supplies, license and veterinary care.



Be certain you have adequate time to spend with your new pet, including time for training, exercise and grooming.



Have your landlord's permission to bring an animal onto his/her property.



Have the consent of all adults in your household.



Be at least 18 years of age and have verifiable identification.



Complete this application and discuss it with an adoption counselor.



Understand that this is an adoption, not a sale. WHS reserves the right to postpone or refuse an adoption.

Thank you!

People/Animal Companion Profile

Welcome to the Whatcom Humane Society! This application is designed to help us help you make the best possible choice: the right home for each animal and the right animal for your home.

Please reply to the following question carefully and completely. PLEASE PRINT

Household Information

Name: _____ Email _____
Street Address: _____ City _____ Zip _____
Mailing Address: (if different) _____ City _____ Zip _____
Home Phone: (____) _____ Alternate Phone: (____) _____
Do you: Rent _____ Own _____ Live w/parent _____ House _____ Apt _____ Condo _____ Mobile _____
Landlord/Property Management Name: _____ Phone (____) _____
Length of time at address: _____ Others living in household (include ages of children): _____

Pet History

What animals do you currently own? (list below)

Species _____ Breed _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Is your animal Spayed or Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Is your pet kept: Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> How long have you had this animal? _____

Species _____ Breed _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Is your animal Spayed or Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Is your pet kept: Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> How long have you had this animal? _____

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Whatcom County residents, if you own dogs, are they licensed (required by law)? Yes No

City of Ferndale residents, if you own cats, are they licensed (required by law)? Yes No

What inoculations (shots) have your current animals had in the past year? _____

What animals have you owned in the past? (list below)

Species _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Was your animal Spayed or Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Was your pet kept: Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> How long did you have this animal? _____

Species _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Was your animal Spayed or Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Was your pet kept: Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> How long did you have this animal? _____

Species _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Was your animal Spayed or Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Was your pet kept: Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/> How long did you have this animal? _____

What is your experience with dogs?

First-time owner

Have had one or two

Knowledgeable & Experienced

Please rate your household's activity level:

Grand Central Station

Couch Potato

Somewhere in-between

Hopes and Expectations

Why are you interested in adopting a dog? _____

Do you have a certain type of dog in mind? Yes No If yes, please describe below.

What personality traits are you looking for in your companion animal? _____

Where will you keep the dog during the day? (i.e. indoors, indoors & outdoors, at work, in the yard) _____

How long will the dog be left alone? _____

Where will the dog sleep at night? _____

What behavior problems have you experienced with companion animals in the past and how did you resolve them? _____

Availability to exercise the dog:

- Minimal exercise during the week / lots of exercise on weekends
- Three 15-minute walks a day
- Long morning and evening walks
- Go running 3+ miles a day

Adoption Follow-up

As part of our commitment to having each adoption be a success, we will be keeping in touch with you. Please indicate the most appropriate time to reach you.

Time _____ Phone # () _____

Please read and sign

I hereby release to the Whatcom Humane Society all veterinary records of any and all animals I have had or currently have.

Name of Veterinary Hospital _____

Name of Veterinarian _____ Phone # () _____

I certify that all the information in this application is true and I understand that false information may void the application. I also understand that failure to comply with future requirements, such as mandatory obedience training or not providing a follow-up veterinary exam, could result in my inability to adopt other animals from the Whatcom Humane Society.

Signature _____ Date _____

For Staff Use Only

Person # _____ Animal # _____

Microchip# _____ License # _____

The best match would be: _____

Pending:

Landlord Approval Obtained Denied _____

Parental / roommate permission Obtained Denied _____

Is there a file in Petpoint? Yes No

If yes, has this been reviewed with PA? Yes No

Comments: _____

I have reviewed the following cat-related issues with the potential adopter:

- | | |
|--|--|
| <input type="checkbox"/> Dog to dog introduction | <input type="checkbox"/> Destructive behavior |
| <input type="checkbox"/> Dog to cat introduction | <input type="checkbox"/> Chew toys |
| <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Dog training |
| <input type="checkbox"/> Shelter behavior vs. behavior at home | <input type="checkbox"/> Identification (lost & found) |
| <input type="checkbox"/> Housebreaking / crate training | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Dogs and children | <input type="checkbox"/> Behavior helpline |

Comments _____

Adoption counselor reviewing application: _____ Date _____

Adoption finalized: Yes No If no, why not? _____
