



Adoption Application

MUST BE 18 TO ADOPT

What animal are you looking to adopt?

Cat ☐ Dog ☐

FOR OFFICE USE

Full Name

Address

City/State

Zipcode

Phone

Email

Would you like our staff to follow up after the adoption?

Yes ☐ No ☐

HOME DETAILS

House ☐ Apartment ☐ Townhome ☐ Multi-Family Home ☐ Other: _____

Property is: Owned ☐ Rented ☐ Landlord/HOA Requirements: _____

Household Members: Adults: _____

Children: _____

How long will the pet typically be alone? 1-4 Hours ☐ 5-8 Hours ☐ 8-10 Hours ☐ 10+ hours ☐

This pet will mainly be: Indoor ☐ Outdoor ☐ Both ☐

Please list any animals you currently have or have had in the past five years.

Name: _____	Name: _____	Name: _____	Name: _____	Name: _____
Type: _____	Type: _____	Type: _____	Type: _____	Type: _____
Current / Past	Current / Past	Current / Past	Current / Past	Current / Past
Are they fixed yes / no	Are they fixed yes / no	Are they fixed yes / no	Are they fixed yes / no	Are they fixed yes / no
Indoors / Outdoors / Both	Indoors / Outdoors / Both	Indoors / Outdoors / Both	Indoors / Outdoors / Both	Indoors / Outdoors / Both
Vet Clinic: _____	Vet Clinic: _____	Vet Clinic: _____	Vet Clinic: _____	Vet Clinic: _____
Date of last Vet visit: _____	Date of last Vet visit: _____	Date of last Vet visit: _____	Date of last Vet visit: _____	Date of last Vet visit: _____

Have you ever had to rehome a pet? ☐ Yes ☐ No

Reason to Adopt: ☐ Family pet ☐ Companion for child ☐ Farm Dog/Cat ☐ Gift ☐ Companion for self ☐ Service animal ☐ Hunting ☐ Other: _____

Please circle the traits you are looking for

dog-friendly
cat-friendly
livestock-friendly
good with kids

small breed
medium breed
large breed
XL breed

playful
vocal
affectionate
declawed

low energy
moderate energy
high energy

knows basic skills
puppy behavior
needs training

Please circle traits you are NOT willing to work with

needs socialization
special medical needs

not good with kids
resource guarding

escape artist
destructive

not house trained
not kennel trained

By signing below, I certify that all statements and answers on this application and verbally given to the adoption counselors are true and that any false information may result in denial of this application. I understand that if my application is not approved, it is not for reasons of personal bias. By submitting an application you agree to receive from SFAHS, emails, publications, promotions, discounts, updates, invitations to openings and events, and any marketing material relating to SFAHS and its activities.

Signature _____ Date _____

FOR OFFICE USE

ID _____ DOB _____ STAFF SIGNATURE _____ DATE _____