



# APPLICATION FOR ADOPTION

PET INTERESTED IN: \_\_\_\_\_ DATE : \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

City, State: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you:  Rent  Own  House  Apartment  Mobile

Who is your current veterinarian? \_\_\_\_\_ Phone# \_\_\_\_\_

What kind of animal would you be interested in adopting?

Domestic:  Dog  Cat  Puppy  Kitten  Rabbit  Guinea Pig/Hamster  Bird

Livestock:  Fowl  Horse  Cow  Llama  Goat  Pig  Sheep

Do you have any limitations in terms of the animal's size, age or special needs (i.e. healthcare, training needs, isolation)? \_\_\_\_\_

If adopting, are you willing to take full responsibility and care for this animal its entire life span?  Yes  No

Please list all of the pets currently living in your household (including livestock):

*\*A "Meet and Greet" at the shelter will be required with your dog(s) if you are applying to adopt a dog\**

Species /Breed?	How many?	Sterilized? Y/N
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do your current pets get along with:  Children  Cats  Dogs  Rabbits  Fowl  Livestock

I understand that if I am approved to adopt, I will also be required to read and sign an Adoption Agreement, which is a legal contract between myself and the Bitter Root Humane Association. I understand that BRHA does not possess undisclosed medical or behavioral history on this animal and said animal appears healthy at the time of this application. I certify that all information I have given BRHA in conjunction with my adoption application is true and correct and understand that any falsification of said information may be grounds for denial of the adoption/fostering application.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by BRHA**

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**Pet(s) Interested in** \_\_\_\_\_

**PetPoint #:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Identity Verification:** By Staff \_\_\_\_\_ \*Copy of driver's license/ID attached

**DNA/PetPoint Checked:** \_\_\_ Yes By \_\_\_\_\_ Date \_\_\_\_\_

**Meet & Greet Completed:** \_\_\_ Yes \_\_\_ No If no, why? \_\_\_\_\_

**If yes, BRHA Staff that conducted the Meet & Greet:** \_\_\_\_\_

**Is this adoption approved by above staff?** \_\_\_ Yes \_\_\_ No If no, why? \_\_\_\_\_

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**Adoption Approved:** \_\_\_ Yes \_\_\_ No If no, \_\_\_\_\_

**BRHA Representative** \_\_\_\_\_ **Date** \_\_\_\_\_