

Petersburg Humane Association
P.O. Box 1417, Petersburg, AK 99833
Telephone: 518-1091



ADOPTION APPLICATION

Thank you for filling out this application. This information will help us to get to know you and your family better.

Date: _____

Which pet/what type of animal are you interested in? _____

Your name(s): _____

Your physical address: _____

Your mail address: _____

Your email address: _____

How long have you lived at your current address? _____

Do you own or rent? _____

If you rent, we will need the following information:

Landlord's name: _____

Landlord's telephone: _____

Will this be your first pet? _____

Have you ever surrendered to a shelter, given away, or sold a previous pet? _____

If yes, please describe the circumstances: _____

Do you currently have cats? Breeds/ages: _____

Do you currently have dogs? Breeds/ages _____

Any other domestic animals (describe): _____

Are there children in the household? Ages: _____

Where will your pet spend the most time during the day (detail, please—i.e. if indoors will the animal be kenneled, loose, etc.) _____

How many hours, on average, are you away from home each day/night? _____

Where will your pet spend the most time during the night? _____

What function will your pet play in your life (i.e., why do you want this pet)? _____

Are there any behaviors you would have a hard time dealing with in your new pet? If so what? How would you deal with them? _____

Will you consent to a home visit prior to adoption? _____

If you are interested in adopting a cat, do you plan to have it declawed? Why/why not? _____

Is this animal a gift for someone else? _____

Are you aware that all pets adopted from PHA are spayed/neutered and vaccinated prior to the adoption process being complete OR that you commit to spaying/neutering and vaccinating your new companion animal? If the animal you adopt is intact, do you agree to have it spayed or neutered and vaccinated when it is no more than 6 months old? _____

How much money per month are you willing to spend caring for your animal? _____

Will it be a financial burden to spend at least \$100 per year keeping your animal up to date on vaccinations? _____

What is your plan, financially and logistically, if your animal requires emergency veterinary care (is hit by a car, falls sick, etc.)? _____

Please feel free to include any additional comments or information about yourself: _____

Please note: This application is a starting point in the adoption process. PHA adoption counselors will use this information to evaluate your lifestyle and the preferred lifestyle for the pet in question. Not passing the qualifications for one pet does not mean that a different pet will not work for your situation. Your patience with this adoption process is greatly appreciated. Our goal is to find the perfect pet for your needs and the perfect home for each pet in our care. Thank you.