

Pike County Humane Society

P.O. Box 255, Milford, PA 18337
189 Lee Road, Shohola, PA 18458
570-296-7654

Adoption Application

Animal Name: _____
Tag #: _____

The Pike County Humane Society reserves the right to refuse an animal to anyone.

Please Print Legibly

NAME: _____ TELEPHONE: _____

MAILING ADDRESS _____ CELL PHONE: _____

_____ EMAIL ADDRESS _____

PHYSICAL ADDRESS _____

EMPLOYERS NAME _____ WORK PHONE _____

_____ WORK EMAIL ADDRESS _____

SPOUSE / PARTNERS NAME: _____ CELL PHONE: _____

OTHER CONTACT INFORMATION: _____

EMAIL ADDRESS: _____

Where do you plan on keeping your new pet? Daytime: Inside _____% Outside _____%
Nights Inside _____% Outside _____%

Describe _____

How many hours will the pet be left alone? During the day: _____ Hours Night _____ Hours

Describe _____

If you plan on keeping the pet outside, what facilities are available? Explain _____

* Do you have a fenced yard? (Dogs only) __Yes __No

* Do you: __own __rent __live with parents __live with friends __other: _____

* Is your home a: __house __apartment __mobile home __other: _____

* If you rent:

Do you have permission from your landlord to have a dog or cat? __Yes __No

Landlord's Name, Address & Phone: _____

Are there any restrictions as to breeds? (Dogs Only) __Yes __No

If so, what are the breed restrictions? _____

Are there any restrictions as to size? (Dogs Only) __Yes __No

Please list any restrictions: _____

Please tell us about any other pet(s) you have owned within the last five years. Please indicate what types of animal(s) they were/are and the current status of your pets(s): _____

Are any of your animals NOT spayed/neutered? Yes No
If yes, please explain: _____

Are the pets that you have in your home now, current on their vaccinations and have
Seen a veterinarian within the last year? Yes No If no, please explain _____

* Do you have a veterinarian? Yes No If so, name & contact information _____

* Do you want this pet as a companion guard dog mouser as a gift Other

* Who will be responsible for this pets daily care? _____

* How many children are in the family? _____ Ages: _____

* All shelter animals have unknown medical backgrounds. Are you prepared to make an
Appointment for this animal with a veterinarian within one week of adoption for a medical
examination and any necessary medical treatment? Yes No

* Are you prepared to spend at least \$150.00 or more for veterinary treatment for the first
year that you own this animal? Yes No

* Are You prepared to take your pet for the annul vaccination appointments to ensure that
Your pet is healthy and stays current with required vaccinations? Yes No

* Are you willing to provide this care to your pet and make a commitment for the lifetime of
the animal, possibly 10 to 20 years? Yes No

* Have you ever adopted an animal from The Pike County Humane Society previously? Yes No

* Have you ever left an animal at The Pike County Humane Society? Yes No

References Please list three people who are not related to you. Include name, address & phone number:

1. _____
2. _____
3. _____

I hereby certify that the above statements are true and correct.

Signature: _____

Date: _____

Application Approved By: _____

Date: _____

Please note that we reserve the right to hold the animal for a period of time while we check the accuracy
and validity of your application as well as your references. The Pike County Humane Society reserves the
right to refuse to adopt an animal to anyone.

Under NO circumstance will an animal that is not yet spayed/neutered be allowed to leave The Pike County
Humane Society without payment of a sterilization deposit. Every animal will be spayed/neutered. There will be no
exceptions made.

Comments by P.C.H.S. Representative: _____

P.C.H.S. Representative: _____

Date: _____