



**Shelter Address:**  
 1527 Route 136  
 Eighty Four, PA 15330  
 724-222-PETS  
 washingtonpashelter.org

**Mailing Address:**  
 PO Box 66  
 Eighty Four, PA 15330  
 WAHS is a "No-Kill" Shelter  
 Funded Solely by Private Contributions

H.I. \_\_\_\_\_  
 L.L. \_\_\_\_\_  
 V.R. \_\_\_\_\_

## APPLICATION FOR ANIMAL ADOPTION

**Pet's Name Being Adopted:** \_\_\_\_\_ **Are You a US Veteran Y/N** \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

For whom are you adopting this pet? \_\_\_\_\_ Does the person live in your home? \_\_\_\_\_

What type of pet do you wish to adopt?  Dog  Cat  Other

Pet will live with (check all that apply)  Adults  Children under 7  Children over 7  Seniors

Is your residence a:  Apartment  Home  Condo/Townhouse  Mobile Home  Other

Do you own or rent home?  Own  Rent

If you rent, does your landlord allow pets?  Yes  No

Landlords Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Do you have a fenced in yard?  Yes  No

Have you had pets in the past?  Yes  No If Yes, what happened to them? \_\_\_\_\_

Do you have pets now?  Yes  No If Yes, what  Dog S / N  Cat S / N  Other

Have you ever adopted from us?  Yes  No If Yes, what  Dog S / N  Cat S / N  Other

Do you still have this pet?  Yes  No If No, why? \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone \_\_\_\_\_

How many Pet's do you have?  Dogs  Cats

Where will your pet spend most of its time?  Inside  Outside  Basement  Tied  Garage  Fenced Yard

Can we recommend a Vet?  Yes  No

When outside, how will your pet(s) be housed or confined? \_\_\_\_\_

Do you have a crate or safe isolation area for your pet(s) in your absence?  Yes  No

Do you allow your other pets to sleep on furniture or beds?  Yes  No

Are you financially prepared to provide your pet with annual vet care as required by state law?  Yes  No

Are you prepared to provide vet care as required by state law for unexpected accidents/health problems?  Yes  No

Are you aware of your community's animal ordinances, leash laws and number of animal you may own?  Yes  No

Are you or anyone in your family allergic to cats/dogs?  Yes  No

Why do you want this kind of animal? \_\_\_\_\_

How did you learn of WAHS?  Radio  TV  Internet  Newspaper  Event  Other

**If no regular veterinarian please give a personal reference: Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**I certify that the above information is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WAHS Comments: \_\_\_\_\_ Approved Denied By: \_\_\_\_\_

WAHS Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_