



1120 Piedmont Drive
Lexington, NC 27293
336-248-2706
HSDCNC.ORG
thriftpawcdc@gmail.com

ADOPTION APPLICATION

Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Birth date: _____

Primary Phone: _____ Alternate Phone: _____

Place of Employment: _____

Name of the dog / cat that you are interested in: _____

Do you currently live in a: House, Apartment, Condo, Other: explain _____

Do you currently: Own Rent Lease

How long have you lived at your current residence? _____

If you are **not** the property owner, we will need to verify your landlord's current pet policy.

HSDC Witness

Date

How many adults live in your home? _____

How many children? _____ Ages? _____

Does anyone in your household have allergies / Describe? _____ No

Who will primarily be responsible for the care of this pet? _____

Which of the following best describes your reasons for wanting this pet? Check all that apply and are relevant

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Companion | <input type="checkbox"/> Search & Rescue | <input type="checkbox"/> Guard Dog | <input type="checkbox"/> Agility |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Jogging | <input type="checkbox"/> Walking Buddy | <input type="checkbox"/> Couch Warner |
| <input type="checkbox"/> Obedience Training | | | |

Please describe the temperament and activity level you are looking for in a pet: check all that apply and are relevant

- | | | | |
|--------------------------------------|--|---------------------------------|---------------------------------------|
| <input type="checkbox"/> High Energy | <input type="checkbox"/> Lap dog/cat | <input type="checkbox"/> Mellow | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Guard dog/cat | | |



How many hours will the pet be alone each day? _____

Where will the pet be kept when no one is home? _____

Where will the pet be kept at night? _____

Do you have a fenced yard? Yes No If so, how high is your fence? _____ Type of fence? _____

If you have other pets, are their vaccinations current? Yes No

Do you have a regular veterinarian? Yes No

*Name: _____ Phone #: _____

Under what circumstances would you **NOT** keep this pet? _____

Please list all the pets you have had in the last 3 years including current pets and those you no longer own along with brief description:

Have you ever surrendered an animal? Yes No

If so, explain: _____

Personal Reference: Please list a non-relative who is familiar with you and your pets.

Name: _____ Phone # _____

HSDC Foster Coordinator notes:

All the information I have given is true & complete. This dog/cat will reside in my home as our pet. I agree to provide it with food, fresh water, shelter & affection.

Signature for Adopters

Date

HSDC Witness

Date

HSDC Witness Name