



# ADOPTION APPLICATION

#
DOG CAT OTHER

Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 DOB: \_\_\_\_\_ ID Type & #: \_\_\_\_\_

- Homeowner
- Renter (circle one) House Apartment Condo Duplex Parents/Relatives/Guardian

Name of complex: \_\_\_\_\_  
 Landlord/Property Management Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Animals currently live on my property.  Yes  No  
 Someone in my home is allergic to animals.  Yes  No  
 Number of people living in my home:  
 Adults: \_\_\_\_\_ Children under 6: \_\_\_\_\_ Children 6 and over: \_\_\_\_\_  
 Children regularly visit my home.  Yes  No  
 The children who live/visit my home have the following experience handling animals:  
 \_\_\_\_\_  
 \_\_\_\_\_

Issues I am NOT comfortable dealing with:  
 House/Litter Box Training  Obedience Training  Socializing  Scratching  Barking/Crying  Chewing  
 Jumping  Shyness/Fear  Digging/Destructiveness  Climbing on furniture  Too Active  Not Active

If over 3 months old, I would like to have my cat FeLV/FIV tested for \$30.00.  Yes  No  
 I would like my pet to have a microchip for \$25.00.  Yes  No

I am adopting this pet for:  
 Companion for Self  Companion for Child  Companion for Other Pet  Gift  Security/Protection  
 Hunting/Working Pet

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

**\*NOTE: By signing above I hereby grant the Maui Humane Society access to the above listed physical address for a site visit and acknowledge that at the time of surgery a discreet tattoo will be placed in my animal's ear.**

LL Status:	<input type="checkbox"/> Call 1 _____
Approved <input type="checkbox"/>	<input type="checkbox"/> Call 2 _____
Denied <input type="checkbox"/>	<input type="checkbox"/> Call 3 _____
Date/Time/ Status/Initial	

