



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: _____