

HUMANE SOCIETY OF NORTHWEST LOUISIANA

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THANK YOU FOR INQUIRING ABOUT ONE OF OUR ANIMALS. THE FOLLOWING INFORMATION IS REQUESTED SO WE CAN ASSIST YOU IN THE SELECTION OF A COMPANION ANIMAL MOST COMPATIBLE WITH YOUR LIFESTYLE.

In order to be considered as an adopter you must:

- (1) Be 21 years of age or older.
- (2) Have proper identification showing your present address.
- (3) Have the knowledge and consent of your landlord.
- (4) Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet.

Completion of this application does not guarantee adoption. Please answer all questions. Please print.

Name of Applicant: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Age: _____

Phone #: _____ E-mail: _____

Describe in detail the animal you are looking for: _____

Would this be your first animal? _____ Yes _____ No

What kind of pets have you had in the past? _____

Which of these do you still have? _____

Have they been spayed/neutered? _____ Yes _____ No

Are they current on vaccinations? _____ Yes _____ No

What happened to the ones you no longer have? _____

Have you ever turned your dog in to a shelter? _____ Yes _____ No

If yes, please explain: _____

Have you had a pet euthanized? _____ Yes _____ No

If yes, please explain: _____

If you have pets, will they adjust to a new animal in the house? _____

Was your last dog obedience trained? _____ Yes _____ No

Why do you want this dog? _____ Companion _____ Companion for other pet
_____ Watch/Guard _____ Hunting, etc.

How many adults in household? _____ How many children in household? _____

Does anyone in your household have an allergy to dogs/cats? _____ Yes _____ No

Is someone home during the day? _____ Yes _____ No Who? _____

Do you live in: House/Apartment/Condo/Mobile home/Other?

If other, explain: _____

Do you rent or own your home? _____ Yes _____ No If you rent, do you have permission
from your landlord to have an animal? _____ Yes _____ No

Do you have a fenced yard? _____ Yes _____ No What kind of fence? _____

Height? _____ Is there a gate? _____ Yes _____ No

Who is your veterinarian? _____ Phone # _____

City & State: _____

If you drive a pickup truck, would you allow the dog to ride in the back? _____ Yes _____ No

If you go away for a few days or on a vacation, who will take care of the animal? _____

If you move, will you take the animal with you? _____ Yes _____ No

If no explain: _____

Are you able and willing to spend money on medical bills and annual preventive medicine including vaccinations, heartworm prevention, flea prevention) for this animal?

_____ Yes _____ No

PLEASE NOTE: If for any reason you are unable to keep this animal, it must be returned to the Humane Society of Northwest Louisiana. It cannot be given to any person or facility.

I have read the above policy and will adhere to it. Please initial: _____

Do you have any comments or questions? _____ Yes _____ No

Please list here: _____

Thank you for taking time to complete this application. Please sign and date below and return to the Humane Society of NW Louisiana.

SIGNATURE

DATE