



Santa Maria Valley Humane Society
 1687 W. Stowell Road
 Santa Maria, CA 93458
 Phone: 805-349-3435 Fax: 805-349-0066
 www.smvhs.org

SMVHS Staff use only

Application Status Landlord checked <input type="checkbox"/> _____ M&G People <input type="checkbox"/> _____ M&G Other Dog(s) <input type="checkbox"/> _____ Who Showed _____ Code _____ Successful Match <input type="checkbox"/> Counsel <input type="checkbox"/> Unsuccessful <input type="checkbox"/>
--

Adoption Application

Animal's Name	(Cat)	(Dog)	Today's Date	Time
Your Name (first, middle, last)			Partner's Name (first, middle, last)	
Street Address			Are you of legal age (18)?	
City, State, Zip				
Mailing Address if Different from Above:				
Primary Phone			Other Phone	
Occupation			Company	
E-Mail address				
Name of Your Veterinarian (or Hospital)			Veterinarian's Phone Number	

How did you hear about us? _____

My reason for adopting this animal is: (check all that apply)

Companion
 For children
 Hunting
 Gift
 Other: _____

Total number of people in my household: _____ Adults _____ Children

Ages of children: _____

I have children who visit or live next door. Ages: _____

Who will be responsible for this animal? Myself Partner Both Children All

This animal will be left alone for _____ hours a day.

Are you a frequent traveler? Yes No

If yes, where will the animal stay while you are away? _____

Where will the animal live most of the time? Inside Outside Both

Where will your pet be when you are home? _____

Where will you keep your pet when you are away from home? _____

What types of animals have you or your partner lived **within the last 5 years**:

Name	Type (dog or cat)/breed	Age	Sex	Spay/Neut?	Where is the animal now?

In the event you need to move/relocate, are you willing to find a place that will allow you to bring the animal with you? Yes No

Do you own or rent?

What type of residence? Apartment Camp Condo House Trailer

How long have you lived at this address? _____

Is this animal on your insurance company's approved list of animals to have on their property? Yes No

If you rent, please provide landlord's name: _____

Landlord's phone number: _____

If adopting a dog/puppy, please fill out the following:

How do plan to discipline this dog when it misbehaves? _____

Will you enroll this dog in an obedience class? Yes No

Are you willing to housebreak this dog? Yes No

How long do you think it will take? _____

Are you willing to give this dog 1-2 months to adjust to a new home and routine? Yes No

If adopting a cat/kitten, please fill out the following:

Do you plan to declaw this cat? Yes No

Are you willing to teach this cat where to scratch? Yes No

Do you plan to let this cat outside? Yes No

Are you willing to give this cat 1-2 months to adjust to a new home and routine? Yes No

For the purpose of adopting, the undersigned certifies that the above statements are true and complete. The Santa Maria Valley Humane Society retains the right to deny an application due to false information, or if the staff believes that it is in the best interest of the animal.

Applicant's Signature _____ Print Name _____

Date _____ SMVHS Staff member _____

----- For Office Use Only -----

Landlord Permission Granted? Yes No

Contact Name _____ Date Checked _____ Staff Initials _____

Meet and Greet Notes:

Staff Use Only:

Pet Age _____ Behavior _____ Breed _____ Potty Training _____

Health/Meds _____ Obedience/Scratching _____ Exercise _____

Post-Surgery Care _____ Housing/Confinement _____

No Refund Policy _____ Kids/Other Pets _____ Vet _____

Home/Introduction _____ Other _____