



Greater Derry Humane Society, Inc, PO Box 142, East Derry, NH 03041

ADOPTION APPLICATION

What type of animal are you interested in adopting? _____

Name of animal? (if known) _____

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Are you over the age of 18? Yes _____ No _____

Home Phone (_____) _____ Cell Phone (_____) _____

Place of Employment _____

Work Phone (_____) _____ Email address _____

Would you like to receive our newsletter? Yes _____ No _____

How did you hear about the GDHS or the pet you would like to adopt? (please circle)

Website Petfinder Newspaper TV Radio GDHS Event Veterinarian
Relative Friend Adopted through us previously other

Housing

Do you: Own _____ Rent _____ Live with Parent(s) _____ Other _____

What type of home: House _____ Apartment _____ Condo _____ Mobile Home _____

Length of residence at this address? _____

If your home is a condominium or apartment, please provide Association or Landlord's name and phone.

_____ (_____) _____

Household Members

Adults _____ Children _____ Ages of children _____

Do any members have allergies to animals? _____ If yes, what type _____

Who will be the primary caretaker of this animal? _____

Staff Use Only

Animal's Name _____ ID # _____ ID Verified _____

Veterinarian Visits _____/_____/_____

_____/_____/_____

_____/_____/_____

Other _____

Please list all animals you have owned in the last five years.

Species	Age	Sex	Spayed or Neutered	Do you still own? If no, why?
		M / F	Yes / No	
		M / F	Yes / No	
		M / F	Yes / No	
		M / F	Yes / No	
		M / F	Yes / No	
		M / F	Yes / No	

Veterinarian _____ Phone (_____) _____

Please tell us why you would like to adopt this animal. _____

Where do you plan to keep this animal when you are home? _____

Where do you plan to keep this animal when you are not home? _____

How many hours a day will your new pet be alone? _____

Your adoption counselor will provide detailed information about caring for your new pet.

Do you have any specific questions or concerns? _____

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I understand that the GDHS has the right to deny my request to adopt an animal. I authorize investigation of all statements on this application.

Signature

Date

Staff Use Only

Adoption Counselor _____ Approved _____ Denied _____

Comments

