

Sanilac County Humane Society
3847 Sheldon St, PO Box 27, Carsonville MI 48419
810-657-8962 fax: 810-657-9308
Email: societypets@att.net Webpage: societypets.org

Name: _____ Spouses Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Age: _____
 Email Address: _____ Driver's License: _____

1. Name of pet you are applying for: _____
2. Do you want this pet for: COMPANION PROTECTION GIFT OTHER _____
3. This pet will be without human contact for about _____ hours per day, _____ days a week.
4. Where do you live? HOUSE APARTMENT RENT OWN WITH PARENTS
 Landlord's name: _____ Phone: _____
5. Do you have a fenced yard? NO YES - height and type: _____
6. Please provide the following information about your household:
 Number of adults: _____ Ages: _____ Number of children: _____ Ages: _____
7. Would you be willing to allow us to visit your home before the adoption is completed? _____
8. Have you ever given up a pet? When/Why? _____
9. Have you ever adopted an animal before? Where from? _____
10. What types of pets do you own or have owned in the last 5 years?

Name	Type/Breed	Kept Where	Age	Neutered	Sex	Still Own?
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO

11. Who is/was your veterinarian for the above animals?
 Name: _____ Phone: _____
12. Please provide a personal reference:
 Name: _____ Phone: _____

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentations of the facts may result in my losing privilege of adopting a pet from the Sanilac County Humane Society. I authorize investigation of all statements on this application.

Signature: _____ Date: _____

By signing this application I give my full consent to Sanilac County Human Society to receive all information from my veterinarian that they have on file about all of my animals.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. MAKE SURE YOU ANSWER ALL QUESTIONS AND SIGN APPLICATION.