



HUMANE SOCIETY OF CAMBRIA COUNTY

743 GALLERIA DRIVE EXT

JOHNSTOWN, PA 15904

814-535-6116

WWW.CAMBRIACOUNTYHUMANESOCIETY.COM

ADOPTION APPLICATION

In order to be eligible for the adoption of our animals the applicant must:

- 🐾 Be at least 18 years old,
- 🐾 Have a valid government issued photo ID and valid proof of current address,
- 🐾 Have knowledge and consent of all adults living in their household,
- 🐾 Have landlord consent to bring an animal onto the property (if renting),
- 🐾 Provide consent to veterinarian recommendation (where applicable),
- 🐾 Pass a background check,
- 🐾 and understand that the Humane Society of Cambria County reserves the right to refuse the adoption of any animal to any individual.

BACKGROUND INFORMATION

Name:		Date:	
Address:			
City:		State:	Zip:
County of Residence:		Email Address:	
Home Phone:		Cell Phone:	
Which animal are you interested in adopting?			
How did you learn about this animal? Shelter Visit Friend/Family Facebook Shelter Website Other Online Source: _____ Foster/Volunteer Adoption Event Television Radio Newspaper Other: _____			
Who is your employer?		Employer Phone:	If not employed, what is your source of income?
Have you ever been convicted of a felony or been incarcerated in connection with a felony?		YES NO	
If yes, please explain:			

HOUSEHOLD INFORMATION

Number of Adults in Household:		Number of Children in Household:		Children's Age(s):	
Anyone 18 or older in your household must be listed here:					
YOUR NAME:			ADOPTER		Birthday:
Maiden Name/Aliases:					
NAME OF HOUSEHOLD MEMBER 1:			Relationship:		Birthday:
Maiden Name/Aliases:					
NAME OF HOUSEHOLD MEMBER 2:			Relationship:		Birthday:
Maiden Name/Aliases:					
NAME OF HOUSEHOLD MEMBER 3:			Relationship:		Birthday:
Maiden Name/Aliases:					
How long have you lived at your current address? If less than five (5) years, what was your previous address?					
What are you current living arrangements? Own Live with parents Rent Other (explain):					
If you are currently renting, please provide your Landlord's contact information:					
Name:		Phone Number:		Address:	

REFERENCES

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

ANIMAL BACKGROUND

How many pets are currently living in your household?

Dogs: _____ Cats: _____ Other (specify): _____

If you currently have animals in your household, please tell us about them:

Name (dog/cat/other):	Current on licensing & vaccinations? YES NO	Spayed/Neutered? YES NO	Sex: Male Female
Name (dog/cat/other):	Current on licensing & vaccinations? YES NO	Spayed/Neutered? YES NO	Sex: Male Female
Name (dog/cat/other):	Current on licensing & vaccinations? YES NO	Spayed/Neutered? YES NO	Sex: Male Female
Name (dog/cat/other):	Current on licensing & vaccinations? YES NO	Spayed/Neutered? YES NO	Sex: Male Female

Who is your veterinarian(s)? _____ Phone Number(s) (if outside of Cambria County): _____

Do you authorize the release of your complete pet(s) medical records from your veterinarian(s) office? YES NO

Why do you wish to adopt a pet? Check each that apply:
 Breeding Companionship Gift Protection Other (examples: service, therapy, etc.): _____

Where do you plan on keeping this pet? Select one: Inside Outside Both

Have you ever adopted or fostered a pet from a shelter or rescue? YES NO
 If so, where from? Where is this pet now?

Have you ever given up a pet for any reason? YES NO
 If so, what pet and why? When did this happen and where is this pet now?

Are you willing to work through unexpected behaviors and consult an animal professional if necessary? YES NO
 What pet behaviors are unacceptable, and how do you plan to correct? How long are you willing to allow your new pet to adjust to his/her new home?

Are you willing to make the appropriate accommodations for a new pet? YES NO
 How many hours will your pet be alone, and where will he/she stay during this time? What type of exercise will your pet receive, and how often?

By signing on the line below I understand that I have provided consent to the Humane Society of Cambria County to obtain my personal information needed to process my application. I am agreeing that I believe I am capable of caring for and providing for the pet that I propose to adopt. I believe that I am financially responsible to meet the needs for the pet that I propose to adopt. I have answered the questions above truthfully and to the best of my ability. I understand that any misrepresentation of the information provided above is grounds for the denial of any adoption. I understand that even upon completion of this application, I am not guaranteed to be approved for the adoption of the proposed pet and that the Humane Society of Cambria County reserves the right to deny any adoption.

SIGNATURE

DATE