

Colonial Capital Humane Society Adoption Application

This completed application will help us pick the best pet for you, your family and your lifestyle. It is very important that we find the correct home for every rescued pet. Please fill out all of the information requested. If you have questions about anything on this form please contact us.

Before filling out this form, please be sure you have read our adoption policies.

- You must be over the age of 18 to be considered to adopt a pet
- All of our animals are brought up to date on vaccinations, wormed, and will be spayed or neutered before going to their new homes.
- There is an adoption fee that helps us offset the expense of veterinary care and getting these animals ready for new homes.

Please fill out this form completely.

Name of pet you are interested in: _____

Your Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Ext: _____ Evening phone: _____

What type of housing do you live in? ___ Single Family Home ___ Mobile Home ___ Apartment ___ Other
Do you ___ Own ___ Rent

If you rent, please provide a letter of permission from your landlord with telephone number

How long at current address? _____ Do you have a fenced yard? Yes No

If No, do you plan on installing one? _____

Please list the ages of Children living in your home: _____

Does every family member agree to owning a pet? _____

Do you have a pet sex preference? ___ Doesn't matter ___ Male ___ Female

How many hours will the pet be alone each day? _____

Your Occupation: _____ Spouse's Occupation: _____

Who will be primary caretaker of the pet? _____

Where will the pet sleep at night? _____

Where will the pet stay when no one is home? _____

Will the pet live in your home? ___ Yes ___ No

If not, where? _____

How will pet be exercised? _____

Please tell us about you pets – Current and Previous: (use back if needed)

Pet 1 _____ Age: _____ Sex (m/f) _____ Altered? _____ Declawed? _____ Still Own? _____

Pet 2 _____ Age: _____ Sex (m/f) _____ Altered? _____ Declawed? _____ Still Own? _____

Pet 3 _____ Age: _____ Sex (m/f) _____ Altered? _____ Declawed? _____ Still Own? _____

What happened to the pets you no longer own? _____

If you experience some behavioral problems with the adopted pet, how will you handle them? _____

If you move, what will you do with your pet? _____

May we contact your vet? Yes No

Vet Name, Address, Phone: _____

Please list the name, address and phone numbers of two (2) personal references (not related) that you have known for at least two (2) years.

Reference 1: _____

Reference 2: _____

Are you willing to allow a CCHS representative visit your home as part of the adoption process? _____

Please tell us a little about yourself and why you feel you could provide a good home for this pet. _____

I hereby certify that the above information is true an correct and that I am over 18 years of age.

Applicant Signature: _____ Date: _____

**Please mail this completed application to:
Colonial Capital Humane Society
Attn: Adoption Committee
PO Box 326
New Bern, NC 28563**

WE RESERVE THE RIGHT TO REFUSE ANY APPLICANT