

Brookings Regional Humane Society
120 West 2<sup>nd</sup> Street South, Brookings, SD. 57006
(605) 697-7387
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www.brookingshumane.org

## **SMALL-ANIMAL ADOPTION APPLICATION**

Name:	Primary Phone:	
	Email:	
Address:		
City:	State:	Zip:
Check one: Own Re	ent: Landlord's name and pho	ne:
Employer:		Are you over 18?
This pet is for: Yourself	Children Family	Other:
This pet will be: Companion	Hunter Farm	Other:
This pet will be: Indoor	Outdoor Both (exp	lain):
If so, are you willing to spend the mo Do you plan to move in the future? _	ney on allergy treatments? If so, will this animal I	pe able to move with you? mergency?
How many hours a day, on average,	our new pet? will this pet be alone? n, if necessary? Do	you know how to do this?
Do you still have that animal? Have you had other pets during the late Do you still have that animal? If Have you ever given up an animal? _ Were past pet(s) sterilized? If n	If no, why not? If so, wha ast five years? If so, wha f no, why not? If so, why? ao, why not?	
What other pets do you have now? _ Are they sterilized? If r	no, why not?	
Are your pets current on all vaccination	ons?	
Your veterinarian's name, address and phone number:		

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Signed \_\_\_\_\_\_ Date \_\_\_\_\_