



PO Box 233, Avon, NY 14414
 Phone: (585) 234-2828
 Email: hslclivny1987@gmail.com
 www.humanesocietylivco-ny.org

Internal HSLC Use Only:
 Date of Application: _____
 Approved By: _____

ADOPTION APPLICATION

Message from The Humane Society of Livingston County:

Thank you so much for your support. By adopting your new best friend from the HSLC you are supporting our mission to aid in the prevention of animal abuse, overpopulation, and suffering within our community and you have become a vital part of our programs' successes. We hope you have many happy years together with your new friend. We also hope you will continue to show your support for the HSLC.

To ensure that the animal you want to adopt is best suited to you and your home, please provide the following information. Thank you.

Adopter Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone # (Home) _____ (Work) _____ Email: _____

How long at this address? ____ Own ____ or Rent ____ May we contact your landlord? Yes ____ No ____

Landlord contact information: Name _____ Phone# _____

Please contact your landlord giving them permission to speak to HSLC regarding their pet policy.

If you have or have had any pets in the last 5 years, may we contact your veterinarian? Yes ____ No ____

Veterinarian information: Name _____ Phone# _____

Please contact your veterinarian and give them permission to speak to HSLC regarding on-going pet care.

How many adults are in the household? _____ Children and their ages? _____

In the last 5 years, what pets have you owned?

Cat or Dog	Name	Age	Sex	Dog licensed?	Spayed or neutered?	If no longer owner, why:

Are you interested in a particular pet(s)? _____

By submitting this application, I understand and agree to the following stipulations:

- Veterinarian Care • Inside Kitty Only • No Declawing • Kitty will Be Neutered/Spayed
- Kitty will Be Returned to The HSLC If the Situation Does Not Work