



Making a difference since 1966

Benton-Franklin Humane Society

8620 West Gage Boulevard, Kennewick, WA 99336
(509) 374-4235 (509) 374-4276 (fax)
www.bfhs.com

Please answer each of the following questions and submit this adoption application to the Adoptions Manager for review

When applying for an animal we ask that you provide the following:

- A copy of your current (valid) driver's license or an alternate ID
- "Proof of residence" (a piece of mail with a current address on it, etc.)

By signing and dating this document, you certify that you understand that the information you provide on this application (including the copy of your ID and any additional copied material) is given voluntarily and becomes property of the Benton-Franklin Humane Society after your submission. A copy of the application may be provided to you upon request, but the original must stay at our offices.

Applicant's name: _____

Adoptable animal's name: _____

Date: _____

We do not hold any of our animals for any reason. If you are an approved applicant, you must take the animal home at the time of adoption.

All animals that have been spayed/neutered are to be taken by approved applicants on a three-day "trial" adoption before finalization.

All animals that are at an age appropriate to be spayed/neutered must be altered before being adopted. Animals falling into this category will be held for the first approved applicant.



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Today's Date: _____

Applicant's Age: _____

Applicant's Name: _____
First Middle Initial Last

Spouses Name: _____
(If Applicable) First Middle Initial Last

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

Length of time at current address: _____ Years / Months. _____

Home Phone# (____) _____ Cell Phone # (____) _____

Do you OWN or RENT your home? Own _____ Rent _____ Live w/ Parents _____ Live w/ Relative _____

If you rent, may we contact your landlord(s) / property owner(s)? Yes _____ No _____

Landlord(s) / property owner(s) name: _____ Telephone number: (____) _____

Are you planning on moving in the future? Yes _____ No _____

If so, are you certain that you will be able to take your pet(s) with you? Yes _____ No _____

Are you employed? Full Time _____ Part Time _____ Un-Employed _____ Other _____

May we contact you at work in the event of an emergency? Yes _____ No _____

Place of Employment: _____ Telephone number: (____) _____

Do you have children living at your home? Yes _____ No _____

If yes, what are their ages? (List all children less than 18 years of age) _____

Does anyone in the house have allergies? Yes _____ No _____



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If so, please explain (dog, cat, seasonal, etc.): _____

Do you frequently vacation or travel? Yes _____ No _____

If yes, who would care for your pet(s) in your absence? _____

For how long are you typically away? _____

Do you have a completely fenced yard? Yes ___ No ___

Out of what material(s) is your fence constructed? _____ Height of fence: _____

How many hours each day would your pet(s) be at home unsupervised? _____

How would your pet(s) be confined in your absence? _____

Where would your pet spend most of its time during the day? _____ At night? _____

Do you have *roommates, family or friends'* pets that also live within your house? Yes _____ No _____

Please list below all of the pets that are currently residing with you
Please include roommates', friends and/or family's pets

Age(s)	Is the animal altered?	Is the animal kept inside or outside?
• Dog _____	Yes _____ No _____	_____
• Dog _____	Yes _____ No _____	_____
• Dog _____	Yes _____ No _____	_____
• Dog _____	Yes _____ No _____	_____
• Cat _____	Yes _____ No _____	_____
• Cat _____	Yes _____ No _____	_____
• Cat _____	Yes _____ No _____	_____
• Cat _____	Yes _____ No _____	_____
• Other _____	Yes _____ No _____	_____

If you have no pets at this time, please list any pets you have owned in the past 5 years above



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Would you have a MALE pet neutered? Yes _____ No _____

Would you have a FEMALE pet spayed? Yes _____ No _____

Do you plan to allow this animal to have any puppies / kittens? Yes _____ No _____

Have you ever given a pet away or placed one up for adoption? Yes _____ No _____

*If so, what was the reason? _____

Are all of your pets up-to-date on all vaccinations, including rabies? Yes _____ No _____

Who is your veterinarian? _____ May we call them for references? Yes _____ No _____

Are you willing to provide this animal with medical care under a veterinarian's advice? Yes _____ No _____

Would you be willing to contact a dog trainer or animal behaviorist for assistance if your animal is having behavior problems? Yes _____ No _____

What types of physical exercise and mental stimulation would you plan to give your pet on a regular basis?

Why do you wish to adopt this particular animal?

Are you willing to allow a representative of the Benton-Franklin Humane society to do a "home check" before the adoption of this animal? Yes _____ No _____

Please sign and date the following page



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I certify that all of the information I have provided is true, correct, and complete. I authorize the Benton-Franklin Humane Society to contact my veterinarian(s) and property owner(s). I understand that at any time in the adoption proceedings or after, if for any reason the Benton-Franklin Humane Society feels the animal is not being cared for properly or will not be cared for as they so require, the adoption becomes voided and the animal remains the property of the Benton-Franklin Humane Society.

u Signature: _____ Date: _____

u Printed Name: _____

u (Spouse) Signature: _____ Date: _____

u Printed Name: _____

STAFF USE ONLY

	<u>Yes / No</u>	<u>Comments</u>
Landlord(s) approval verified?	_____	_____
Vet references verified?	_____	_____
Home check needed?	_____	_____

Approved By: _____
Initial

Denied By: _____
Initial

Additional comments:



Benton-Franklin Humane Society