



**CENTRAL AROOSTOOK
HUMANE SOCIETY**

Central Aroostook Humane Society
24 Cross St.
Presque Isle, Me. 04769
764-3441

Animal's name _____ Species: Dog or Cat Date _____

Name of Applicant and all who live in the home

Address _____

City _____ State _____ Zip _____ Phone # _____

Are you at least 18 years of age _____ Do you rent or own _____

How long have you lived at above address _____ are you planning to move in the next 6 months _____

Landlord's Name _____ Phone # _____

How many pets have you owned in the past 5 years: Cats _____ Dogs _____ Other _____

Do you still have them _____ If not why _____

Are/were your pets current on vaccinations _____ spayed/neutered _____

Who was/is your veterinarian _____ Phone # _____

I _____, give my permission for the veterinarians office
_____ to give information to the Central Aroostook Humane Society in
regards to the health care of my pets both current and past.

Signature _____ Date _____

Since most shelter animals have unknown medical backgrounds, are you prepared to pay for necessary medical treatments _____

What made you decide to apply for adoption _____

List 2 personal and family references with phone number

Please read the following statements and sign in agreement that you understand their validity as well as the answers above:

Any falsification of information will result in refusal to adoption. CAHS has the right to deny ANY adoption. The adoption fee is non-refundable after 14 days.

Signature _____ Date _____

Staff Only

Approved _____ Denied _____ Incomplete _____ Pending _____

Adoption counselor Comments: