



13) Do you currently have other pets? \_\_\_\_ Yes \_\_\_\_ No

14) List the pets you have had in your household in the last ten years: (Feel free to ask for another sheet of paper if needed)

NAME	TYPE	SEX	SPAYED OR NEUTERED?	AGE	KEPT INDOORS, OUTDOORS OR BOTH?	LAST VACCINATED	IF YOU NO LONGER HAVE THE PET, WHAT HAPPENED TO IT?

15) Have you ever surrendered a pet to a shelter or humane society? **Yes No** If YES, what was the reason? \_\_\_\_\_

16) How would you handle any behavioral problems with this pet?  
\_\_\_\_\_

17) If this pet is old enough to be spayed or neutered, do you agree that you will wait until HCHS has the spay/neuter performed before you will pick up your pet? \_\_\_\_ Yes \_\_\_\_ No

18) What care will you provide your dog/puppy during working hours or when you are not at home?  
\_\_\_\_\_

19) Check any that apply when your dog/puppy is outside. My dog/puppy will be:

- In a fenced yard
- Allowed to run free
- Chained
- On an overhead cable run
- Within invisible fencing
- Kept in a dog house
- Walked on leash

**I give my permission for HCHS to contact my veterinarian, who is:**

Veterinarian name and address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Under what person's name will the vet records be under?  
\_\_\_\_\_

**I give HCHS permission to contact two references who are NOT relatives, listed below:**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**I swear that neither I, nor anyone living with me, have been convicted of a charge related to cruelty to, or neglect of, animals and that no such charge against me or anyone living with me is currently pending.**

\_\_\_\_\_  
Your signature

**I certify that the above information is true. I also understand that giving false information on this application is grounds for denying my application, or for repossessing this pet if this application is approved. I understand that HCHS reserves the right to refuse and or deny any application. This application remains the property of the HCHS.**

Your signature \_\_\_\_\_ Date \_\_\_\_\_

☺ ASK ABOUT MICROCHIPPING ☺