



**WINNIPEG
HUMANE SOCIETY**

OFFICE USE ONLY

Date: _____

Time: _____

Person # _____

Animal# _____

Animal Type: Dog Cat Other

Staff Initial: _____ QPO _____

Proof of Address (to be verified by WHS Staff) _____

First Name: _____ Last Name: _____

Address: _____ Apt _____ City: _____ Postal Code: _____

Mailing Address (if different from physical address): _____

Home Phone: _____ Cell: _____ Work: _____

Email address: _____

List any other people over the age of 18: _____

Are there any children in the home? Yes No If yes, what are their ages? _____

Do you have any other pets at home? Yes No

If yes, please specify: _____

Do you rent or own? _____ If rent, is it Pet Friendly? _____

Please note: We reserve the right to deny any adoptions. Giving false information will result in forfeiture of any monies paid and adoption will be cancelled.

ADDITIONAL INFORMATION:

OFFICE USE ONLY

Approved _____ Date Approved _____ Supervisor/Manager _____

Conditions of Approval _____

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Adoption Counsellor _____

Microchip Yes No If yes, microchip#: _____ Tattoo#: _____

COW Licence Yes No If yes. COW Licence# _____

PetPlan Activated Printed Medical History Rabies cert/tag Recorded weight of Animal

Medication Yes No Special Diet Yes No Items in Storage Yes No Handouts Profile

