

**CITY OF HOLLISTER ANIMAL SHELTER**  
**375 FIFTH STREET / WEST END OF SOUTH STREET**  
**HOLLISTER, CA 95023**  
**(831) 636-4320 (831) 636-4321 (fax)**  
[www.hollister.ca.gov](http://www.hollister.ca.gov)  
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## **ADOPTION APPLICATION**

WELCOME TO THE HOLLISTER ANIMAL SHELTER AND ADOPTION CENTER. We are glad you have come to adopt a new pet from our shelter.

The following information is requested so an Officer can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. The consultation process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal most compatible with your lifestyle.

The animals available for adoption came here from a variety of sources. All animals are examined upon entry, and their health and disposition are monitored while at the animal shelter. There is always a chance that an animal is incubating a disease without showing any clinical signs of illness. It is also possible for an animal to show behavior changes after an adoption.

Our adoption costs vary depending on medical treatment, check with staff for exact prices on dogs and cats.

**IN ORDER TO BE CONSIDERED AS AN ADOPTER TODAY, YOU MUST:**

- Be 18 years of age or older;
- Have identification showing your present address;
- Have the knowledge and consent of your landlord;
- Be able and willing to spend time and money necessary to provide training, medical treatment and proper care for a pet.

**THE HOLLISTER ANIMAL SHELTER RESERVES THE RIGHT TO REFUSE ADOPTION TO ANYONE.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Driver's License or Identification # \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING QUESTIONNAIRE.**

1. What kind of pet are you here to adopt?

Dog     Puppy     Cat     Kitten     Other

2. Why do you want a pet? \_\_\_\_\_

3. Do you have any preferences as to breed type, sex, age, length of hair, etc.?  
\_\_\_\_\_

If yes, what are your preferences? \_\_\_\_\_

4. Is this your first experience with a pet?  yes  no

5. What pets do you currently have in your household? Please exclude fish.

Type	Spayed / Neutered	Kept where	Age
<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> in <input type="checkbox"/> out	_____
<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> in <input type="checkbox"/> out	_____
<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> in <input type="checkbox"/> out	_____
<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> in <input type="checkbox"/> out	_____
<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> in <input type="checkbox"/> out	_____
<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> in <input type="checkbox"/> out	_____

6. List pets owned in the past five years other than those listed above.

<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> in <input type="checkbox"/> out
<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> in <input type="checkbox"/> out
<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> in <input type="checkbox"/> out
<input type="checkbox"/> dog <input type="checkbox"/> cat	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> in <input type="checkbox"/> out

7. Who is your Veterinarian ? \_\_\_\_\_ Phone# \_\_\_\_\_

8. Do you currently live in a  house  apartment  condo  duplex  
 mobile

9. Do you  own  rent

10. If you rent, does your lease allow pets?  yes  no

11. If you rent, what is your landlords name? \_\_\_\_\_ Phone# \_\_\_\_\_

12. How long have you lived at the listed address? \_\_\_\_\_

13. How many people live in your household? \_\_\_\_\_ adults \_\_\_\_\_ children

14. Do you or does anyone living in your household have any known allergies to animals?  yes  no

15. Who will be responsible for the care of this pet? \_\_\_\_\_
16. Where will the pet be kept during the day? \_\_\_\_\_
17. How much time will you spend with your pet daily? \_\_\_\_\_
18. Do you plan on spaying or neutering your pet? \_\_\_\_ yes \_\_\_\_ no
19. How did you hear about our adoption services? \_\_\_\_\_

### **DOG ADOPTIONS ONLY**

20. Do you want a dog for a: ( check all that apply)  
 \_\_\_\_ house pet \_\_\_\_ guard dog \_\_\_\_ watch dog \_\_\_\_ companion \_\_\_\_ for breeding  
 \_\_\_\_ company for other pet \_\_\_\_ gift \_\_\_\_ other?
21. Do you have a totally enclosed fenced yard? \_\_\_\_ yes \_\_\_\_ no If yes, how high? \_\_\_\_
22. Do you realize you will probably have to house train your new dog? \_\_\_\_yes  
 \_\_\_\_no
23. Do you realize dogs chew on things? \_\_\_\_ yes \_\_\_\_ no
24. Are you familiar with the leash and licensing laws in Hollister and San Benito County?  
 \_\_\_\_ yes \_\_\_\_ no
25. What will you do if your dog chews on furniture or shows other destructive behavior? \_\_\_\_\_
26. Do you plan on taking your dog to obedience training classes? \_\_\_\_ yes \_\_\_\_ no
27. How will you keep your dog confined to your property? ( check all that apply)  
 \_\_\_\_ in house \_\_\_\_ kennel \_\_\_\_ fenced yard \_\_\_\_ on chain \_\_\_\_ garage \_\_\_\_ patio  
 \_\_\_\_ on leash \_\_\_\_ loose on property

### **CAT ADOPTIONS ONLY**

28. Do you want a cat for a: ( check all that apply )  
 \_\_\_\_ house pet \_\_\_\_ mouser \_\_\_\_ to breed \_\_\_\_ companion \_\_\_\_ gift \_\_\_\_ company  
 \_\_\_\_ other
29. Will this cat be allowed outdoors? \_\_\_\_ yes \_\_\_\_ no If yes, under what circumstances? \_\_\_\_\_
30. Do you plan to declaw your new cat? \_\_\_\_ yes \_\_\_\_ no
31. What will you do if your new cat claws the furniture or shows other destructive behavior? \_\_\_\_\_