



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Primary) \_\_\_\_\_  
Phone (Alternate) \_\_\_\_\_  
Email \_\_\_\_\_  
 Check here to be excluded from PHS email list.

Would you like to hear about our Senior for Senior program?

Yes  No

Type of Housing

- Do you:**  Own  Rent  Parent's Own  Parent's Rent  
**Do you live in a:**  House  Apartment  Condo  Mobile Home  
**Do you live:**  Alone  With Partner  With Roommate(s)  With Parent(s)  
**How would you describe your living environment?**  Calm & Quiet  Not too hectic  Very Busy

If you rent, may we contact your landlord?

Yes  No

Landlord Name \_\_\_\_\_

Phone \_\_\_\_\_

Names of **Adults** in household:

Names and ages of **Children** in household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe all **current** pets:

Type of Pet	Age	Sex	Spayed/Neutered	Kept in/out?	How long have you owned?

Describe any **other** pets owned within the last five years:

Type of Pet	Age	Sex	Spayed/Neutered	Kept in/out?	What happened to pet?

Have you ever owned the type of pet you wish to adopt?

Yes  No

Where will the animal be kept? \_\_\_\_\_

Please describe the type of housing/enclosure the animal will have:

\_\_\_\_\_

*My signature below confirms that all of the above information is current, correct and complete to the best of my knowledge. I acknowledge that I am fully aware that any false or incomplete information is proper grounds for the denial of this adoption.*

Signature \_\_\_\_\_

Date \_\_\_\_\_