

Welcome to PHS! The following information is requested so that your adoption counselor can assist you in the selection of a new pet. In order to be considered as an adopter today you must be 19 years of age or older and have identification showing your present address.

Please send completed form to: Admin@panhandlehs.org or (308) 635-1317

Animal's Name:		Animal ID #:			_
Your Name:					_
Address:					_
City, State:ZIP:					_
Email:					_
	Home phone:				
Where do you currently live	? □ House □ /	Apartment □ Mobile home	2	□ Own □ F	Rent
If you rent, are you aware o	of any restrict	tions or pet deposits for ye	our rental?	□ YES □ NO	
Landlord Information- Name: Pho			hone #:		
How long are you away fro ☐ Home all day ☐ Out part-f		• •			
Our Pet will live: Primaril	y Indoors 🛚	Indoors/Outdoors 🗆 Prima	arily Outdoo	ors	
Household information: # o	of Adults	# of Children	_Ages of Ch	ildren	-
Do all adults know that you	plan to adop	t a pet? □ Yes □ No			
Are there other pets at hon	ne? 🗆 Yes (ple	ease complete information	below) 🗆 N	lo	
Name	Breed/Speci	es	Age	Spayed/Neutered	Declawed?
Please check any topics you	ı would like t	o discuss with us today:			
 □ Feeding this pet □ House-training/litter box training □ Declawing □ Crate training □ Obedience training 		 □ Introducing to other animals □ Exercise, toys and fun activities □ Separation anxiety □ Exercise requirements □ Escaping 		 □ Microchips and other ID options □ Puppy/kitten-proofing your home □ Grooming/nail trimming □ Pets and children □ Other 	