Application Form

Please print and bring this form with you to the Humane Society of the Black Hills prior to scheduling your appointment.

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| First Name, Last Name: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Address, City, State, Zip Code: | Click or tap here to enter text. |
| Do you receive government assistance? If so, which type? | Yes [ ]  No [ ]  Type: Click or tap here to enter text. |
| Cat: | Male [ ] Female [ ] Unknown/Feral [ ]  |
| Dog: | Male [ ] Female [ ]  |
| Pet Name: | Click or tap here to enter text. |
| Pet Weight: | Click or tap here to enter text. |
| Approximate Pet Age: | Click or tap here to enter text. |
| Pet Breed: | Click or tap here to enter text. |
| Pet Colorings: | Click or tap here to enter text. |
| Has your pet ever gone into heat? If so, when was the last heat cycle? | Click or tap here to enter text. |
| Has your pet ever had a litter? | Yes [ ] No [ ] Don’t Know [ ]  |
| Does your pet have any medical conditions (thyroid, diabetes, seizures, arthritis, etc.)? | Click or tap here to enter text. |
| Is your pet on any medications? If so, please list kind and dosage: | Click or tap here to enter text. |
| Has your pet ever been under anesthesia? | Yes [ ] No [ ] Don’t Know [ ]  |
| Has your pet ever had an adverse reaction to anesthesia, vaccines, or other drugs? | Click or tap here to enter text. |
| What vaccines has your pet received? | Click or tap here to enter text. |
| Additional Information: | Click or tap here to enter text. |

*\*All pets will receive a rabies vaccination unless proof of current rabies vaccination is provided.*