



Phone: 340-775-0599 Email: Info@hsstt.com

HUMANE SOCIETY ADOPTION INVESTIGATION

PET'S NAME: _____ ANIMAL ID: _____

ADOPTER'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ WORK _____ CELL _____

HOME VISIT REQUIRED: _____ YES _____ NO

HOME VISIT CONDUCTED: _____ YES _____ NO

REMARKS: _____

APPROVED: _____ NOT APPROVED: _____

WHY: _____

LANDLORD APPROVAL: _____ YES _____ NO

LETTER ATTACHED: _____ YES _____ NO

VERIFIED BY PHONE: _____ YES _____ NO

IF OWNED, PARCEL CHECK: _____ YES _____ NO

VET OFFICE: _____ PHONE #: _____

VET REFERENCED CHECKED: _____ YES _____ NO

ADOPTER COUNSELLED REGARDING CARE OF ANIMAL: (TICK FEVER,
HEARTWORM, SPAY AND NEUTER): _____ YES _____ NO

SUGGESTIONS: _____

REQUIREMENTS: _____

FOLLOW UP: _____

ADOPTION COUNSELOR'S NAME: _____