

Please list two local references (other than housemates)

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

I agree to a possible unscheduled pre-adoption visit by one of our staff members; and to a follow-up visit or phone call from our staff members. I certify that the above is true, and understand that any false information may result in nullifying this adoption.

Signature _____ Date _____
Printed Name _____

North County Humane Society
2300 Ramona Road
Atascadero, Calif. 93422
(805)466-5403

RELEASE OF VETERINARY MEDICAL RECORDS:

North County Humane Society has my permission to obtain Medical Records from (name of Veterinary Practice) _____
regarding any/ and/or all of my animal companions treated and/or seen by this Practice.

Your Name (Please Print): _____

Your Signature: _____

Date: _____