

Watonwan County Humane Society Adoption Application

Pet's Name: _____

Date: _____

Please fill out this application as completely and accurately as possible. By doing so, it will allow us to fulfill our responsibility of finding the best homes possible for the animals in our care and allow us to better assist you in finding a pet best suited for you. Thank you.

Applicant's Name (Adopter): _____ Email: _____

Home #: _____ Cell #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Vet Clinic (Name/City/State): _____ Phone#: _____

1. Are you 18 years old or older? Yes No Your age? _____
 - a. How many adults live in your household? _____
 - b. Do all adults have knowledge and agree with your intentions to adopt a pet? Yes No
 - c. How many children live in your household? _____ Ages _____
 - d. Does anyone in the house have allergies to pets? Yes No
If yes, how do you plan to manage this issue? _____
2. What is your housing situation? Own Rent
Where do you live? House Apartment Mobile Home Condo/Town Home
If you rent:
 - a. Do you have permission to have a pet? Yes No
 - b. Landlord's name and phone number: _____Is your home in town or in the country? Town Country
3. Are you planning to move in the next six months? Yes No
If yes, what will you do with your pet? _____
4. Is the pet specifically for your household? Yes No
5. Who will be the pet's primary caregiver? _____
6. What is your reason for adopting at this time?
Check all that apply: Companion for me and my family Hunter
 Companion for my other pets Watch dog
7. Have you ever adopted a pet from Watonwan County Humane Society? Yes No
If yes, what? _____ Where is the pet now? _____
8. Have you ever surrendered an animal to a humane society? Yes No
If yes, why? _____
9. Have you ever had to euthanize a pet? Yes No
If yes, what were the circumstances? _____
10. PLEASE LIST TWO PERSONAL REFERENCES
List 2 people who can attest to the fact that you would be a good pet owner [not family members]:
Name: _____ Phone #: _____ Phone #: _____
Name: _____ Phone #: _____ Phone #: _____

(over)

11. **CURRENT AND PREVIOUS PETS** –List current pets first then previous pets. (Cont. on separate sheet if needed)

Under what name(s) will the vet information be listed? _____

<u>PET'S NAME</u>	<u>TYPE</u>	<u>BREED</u>	<u>GENDER</u>	<u>AGE/DOB</u>	<u>SPAYED/NEUT.</u>	<u>DATE OF LAST VET VIST</u>	<u>STILL HAVE PET?</u>
1) _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. If you currently have pets, where are they kept? Indoors Outdoors Both

13. Where do you plan to keep this pet? Indoors Outdoors Both

a. Where will this pet be kept days? _____

b. Where will this pet be kept nights? _____

c. If adopting a dog, how will this dog be contained when outside?

Fenced in yard Kennel Invisible Fence Tie Out On a Leash

Other - Explain: _____

14. If adopting a dog that will be an outside dog, will this dog have protection from the weather and sun, such as a dog house or building? Yes No If yes, what will it be? _____

15. If you have or have had cats, have you declawed them? Yes No If yes: Front All 4 paws

16. If adopting a cat, do you plan to declaw? Yes No If yes: Front All 4 paws

17. How many hours per day will this pet be alone? 0-4 hrs. 4-8 hrs. 8-12 hrs. 12+ hrs.

18. I understand that if I adopt this pet, I am agreeing to care for it for its entire life? Yes No

Applicant (Adopter) - Employment Information:

Employer: _____ Position: _____ Phone #: _____

Address: _____ City: _____ State: _____

How long with employer? _____ Are you a college student? _____

Co-Applicant's (Adopter) Full Name: _____ - Employment Information:

Employer: _____ Position: _____ Phone #: _____

Address: _____ City: _____ State: _____

How long with employer? _____ Are you a college student? _____

By signing below, I certify that the information I have given is accurate and complete and I understand that any misrepresentation of the above information may authorize the Watonwan County Humane Society to deny my application, refuse the adoption, and/or reclaim the adopted pet. I give the Watonwan County Humane Society permission to check my housing and employment information and contact my veterinarian to check the information provided on my application, etc.

Signature: _____ Date: _____ Humane Society Staff: _____ Rev 4/4/14