

Sheboygan County Humane Society Adoption Application

So that we may be assured that the animals you want to adopt will be best suited to you and your home and lifestyle and be placed in an environment that is compatible with its needs, we would like to provide us the following information.

PLEASE PRINT CLEARLY!

Today's Date: _____ Cat _____ Dog _____ Animal's Name: _____ Tag No: _____

Adopter's Name _____ M.I. _____ Date of Birth _____ Age: _____

Address: _____ Zip Code: _____

Do you live in the City _____ Town _____ or Village _____ of _____

Driver's License: _____ OR Photo I.D.: _____

Home Phone Number _____ Work Phone Number _____

Email Address: _____

Occupation/Employer: _____

Names of other adults living in your household (provide first & last names, and middle initial & Date of birth)

Number of Children living with you _____ Ages: _____

Do you Rent _____ or Own _____ : a House _____ condo/town home _____ mobile home _____ apartment _____

If you rent, landlord/complex name: _____ Phone Number: _____

Are you planning to move in the next six months? Yes _____ No _____

If yes, what will you do with your pet? _____

Why would you like to adopt a pet? (check all that apply): Companion _____ Hunting _____
 Watchdog _____ Gift _____ - for whom? _____ Mouser _____ Breeding _____
 Protection _____ for the children _____ Companion for another pet _____ - what type of pet? _____

LIST ALL PETS CURRENTLY LIVING IN YOUR RESIDENCE

Pet's Name	Pet Type	Sex	Spayed/Neutered	Kept Where?	Age of Pet?	Chipped?
_____	_____	_____	yes _____ no _____	In _____ Out _____ Both _____	_____	_____
_____	_____	_____	yes _____ no _____	In _____ Out _____ Both _____	_____	_____
_____	_____	_____	yes _____ no _____	In _____ Out _____ Both _____	_____	_____
_____	_____	_____	yes _____ no _____	In _____ Out _____ Both _____	_____	_____

LIST ALL PETS YOU OWNED IN THE LAST FIVE YEARS THAT NO LONGER LIVE WITH YOU

Pet's Name	Pet Type	Sex	Spayed/Neutered	Kept Where	Age of Pet?	Where is Pet?
_____	_____	_____	yes _____ no _____	In _____ Out _____ Both _____	_____	_____
_____	_____	_____	yes _____ no _____	In _____ Out _____ Both _____	_____	_____
_____	_____	_____	yes _____ no _____	In _____ Out _____ Both _____	_____	_____
_____	_____	_____	yes _____ no _____	In _____ Out _____ Both _____	_____	_____

List Present Veterinarian: _____ & Previous Veterinarian(s) used: _____

Under what name (including maiden name) are/were your pets listed? _____

Does anyone in your household have pet allergies: Yes _____ No _____ If yes, allergies to Cats _____ Dogs _____ ?

CAT ADOPTIONS

Will your cat have free run of your home during the day? Yes ___ No ___ At Night? Yes ___ No ___

Will your cat be let outdoors: Yes ___ No ___ If yes, harnessed on a leash? Yes ___ No ___

Do you want your cat to have kittens? Yes ___ No ___

Some cats will "spray" (mark territory with urine) in their homes, are you willing to deal with that? Yes ___ No ___

Cats can live longer than 15 years. Will you be able to care for your pet that long? Yes ___ No ___

Do you plan on declawing your cat? Yes ___ No ___ If yes, will you be declawing the front ___ or all four ___

- Is this a requirement of your lease? Yes ___ No ___

DOG ADOPTIONS

Where will the dog be kept? (day) _____ (night) _____

How will you keep your dog on your property (check all that apply): kennel _____ fenced yard _____ Invisible fence _____, on a leash _____

Do you want your dog to have puppies? Yes ___ No ___

Do you plan to enroll your dog in training classes? Yes ___ No ___

Are you willing to work with your dog concerning obedience/training? Yes ___ No ___

Have you ever crate trained? Yes ___ No ___

Dogs often live longer than 12 years. Will you be able to care for your dog that long? Yes ___ No ___

How long will your pet be left alone (without human companionship) each day? _____

It may take your pet more than a few days and sometimes weeks to adjust to your home and lifestyle, children, other pets, etc. Are you willing to be patient and take time to work with your new pet? Yes ___ No ___

Have you ever applied for an animal, or adopted from us before? Yes ___ No ___ If yes, when? _____

What areas would you like information about? (Check all that apply) House training ___ Scratching Furniture ___ Alternative to declawing ___ Chewing ___ Stool Eating ___ Excessive Barking ___ Obedience Training ___ Digging ___ Introducing Cats ___ Preventing Aggression ___ Shy/Fearful behavior ___ Introducing Cats and dogs ___ Current Vet List _____

Are you familiar with local animal ordinances regarding:

Licensing	Yes ___ No ___
Vaccinations	Yes ___ No ___
Leash Laws	Yes ___ No ___
Number of pets/household	Yes ___ No ___

APPLICATION COMPLETION DOES NOT MEAN YOU ARE GUARANTEED ADOPTION APPROVAL!

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I understand that I authorize investigation of all statements in this application, including any veterinary records.

Applicants' Signature: _____ **Date:** _____

Application was reviewed by: _____