

# 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: \_\_\_\_\_ Photo I.D.: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

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: \_\_\_\_\_

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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?
_____	_____	_____	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?
_____	_____	_____	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**

How many hours will the dog be unattended? Inside \_\_\_\_\_ Outside \_\_\_\_\_

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: \_\_\_\_\_