



Humane Society of Whitley County
951 S. Line Street
Columbia City, IN 46725
260-244-6664
260-244-6492 - FAX

Adoption Application

Name: _____ Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you 20 years of age or older? _____

People Information

Do you live in a house, apartment, condo, mobile home? _____

Do you own or rent? _____

If you rent please list landlords' name and phone number and attached written permission stating that you have permission to have an animal at that location. _____

Does everyone in household know you are planning to adopt a pet? _____

Number of children in household? _____ Ages: _____

Is anyone in the household allergic to animals? _____ If yes to what animals and explain while this will not pose a problem. _____

Have you ever surrendered an animal to a shelter before? _____ If yes, when and why: _____

Current & Previous Pet Information

Is this your first experience owning a pet? _____ (If yes, please skip to next section)

If no, Please list currently owned animals:

Species/ Animal's Name	Age	Spayed/ Neutered	Time owned
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_____	_____	_____	_____
_____	_____	_____	_____

Please list previously owned animals:

Species/ Name	Age	Spayed/ Neutered	Time owned
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_____	_____	_____	_____
_____	_____	_____	_____

Please provide veterinarians name, address, phone number that provided care for your pets listed above.

Have your current pet(s) been around other dogs? _____ Cats? _____

Adopting Pet Information

Animal looking for: Dog _____ Cat _____ Other _____

Breed: _____

Age range: Under 4 months _____ 4-18 months _____ Over 18 months _____

Size range: 0-19 lbs _____ 20-40 lbs _____ 40-80 lbs _____ Over 80 lbs _____

Pet coat preferred: Longhaired _____ Shorthaired _____

MY reasons for wanting a pet are: (check all that apply) My companion _____

Playmate for kids _____ Companion for other pet _____ Protection _____

Mouser _____

Dogs

What percent of the time will your pet spend Indoors _____ Outdoors _____

How many hours a day will your pet be alone? _____

How will your pet be confined when outdoors? _____

How much time will you have to exercise your pet each week? _____

Where will you keep your pet when you are away from home? _____

Where will your pet sleep? _____

Will you crate train your pet? _____

Would you consider obedience training for your pet? _____

Cats

Will your pet be kept : Indoors _____ Outdoors _____

Are you planning on declawing your cat? _____

How many liter boxes will you have? _____

For what reasons, if any, would you return this animal? (Circle all that apply):

Chewing Nipping Jumping Allergies Barking Improper elimination Moving

Lack of interest Not enough time Aggressiveness Other _____

I certify that the information I have given in this application for a companion animal is true and correct to the best of my knowledge and belief. I give the Humane Society of Whitley County permission to contact the veterinarians and landlord I have listed for the purpose of verifying information.

I also understand that the Humane Society of Whitley County has the right to Approve or deny this application in accordance with it's polices established by the Board of Directors. Our goal is to assist you in selecting a pet appropriate for your family and lifestyle and to ensure "a good quality of life" for each pet adopted.

Applicant's Signature: _____ **Date:** _____

To be completed at the time of adoption by a staff member

Are you prepared to undertake the following:

1. The amount of exercise this pet will require? YES _____ NO _____
2. The amount of grooming this pet will require? YES _____ NO _____
3. The amount of training this pet will require? YES _____ NO _____
4. The job of housebreaking this pet? YES _____ NO _____
- 5. The cost of caring for this pet for its lifetime - Annual care includes food (\$100-\$300); vaccinations (\$30-\$60); basic veterinary care (\$100-\$300)**
YES _____ NO _____

Are you aware of the current ordinances, which affect you and your companion animal?

YES _____ NO _____

Do you understand and agree to the mandatory Spay/neuter agreement upon adopting the animal?

YES _____ NO _____

Do you agree with it? YES _____ NO _____

Adopters signature: _____ Date: _____

Staff signature: _____ Date: _____