



Pet Adoption Application

Animal's Name: _____ Breed: _____ Date: _____

Your Name: _____ Co-Applicant's Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail Address: _____

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

Employer: _____ Position: _____ Phone: (_____) _____

Co-Applicant Employer: _____ Position: _____ Phone: (_____) _____

Do you rent or own? _____ Residence type: ___ mobile home ___ house ___ farm ___
apartment ___ dormitory ___ condo ___ other

If you rent or live in a mobile home park: Landlord's Name: _____ Phone: (_____) _____

Why do you wish to adopt a pet? ___ friend/companion ___ gift ___ hunting ___ watchdog
___ mouser ___ Barn Cat ___ other

Number of Adults in your Household: _____ Number of Children: _____ Ages: _____

Are all Household Members aware that you intend to adopt a dog or cat? _____

Do any Household Members have allergies to pets? _____ Explain: _____

Who will have primary responsibility for this pet? _____

This pet will be without human company approximately _____ hours per day.

Who will tend your pet when you go on vacation? _____

Have you applied to adopt from us before? _____ When? _____

Have you ever surrendered an animal to us or to any Animal Shelter/Humane Society:

Where: _____ When: _____ Why? _____

Describe the pets you have owned in the past 5 years:

Name:	Type/Breed:	Kept Where?	Sex:	Neutered?	Still Own?(If not, explain)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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Are you familiar with the pet responsibility laws in your area? _____ Will you abide by them? _____

Are you prepared to allow your new pet time to adjust to you and the new surroundings? _____

Please Give Two Personal References:

Name: _____ Phone #: _____ Relationship to you: _____

Name: _____ Phone #: _____ Relationship to you: _____

Name, city, and phone number of your current or past Veterinarian

Name: _____ City: _____ Phone: _____

If you are adopting a DOG:

Are you familiar with the needs of the breed you wish to adopt? _____

Are you aware of the state laws regarding licensing and vaccinations? _____

Where will the dog be kept when: 1) alone _____ 2) during the day _____ 3) at night _____

What type of housing will you provide? _____ What type of solid food will you feed your dog? _____

How will the dog get exercise? _____

How will you keep the dog from roaming? ___kennel ___ tied to a doghouse ___ leash ___ tied to a building

___ pulley chain ___ fenced yard ___ electric border ___ other

What type of ID will you use on your dog? ___ implanted microchip ___ collar with tags ___ other

How do you plan on dealing with behavioral issues such as barking, chewing, digging? _____



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If you are adopting a CAT:

Where will the cat be kept during the day _____ at night _____

Do you intend to let your cat outside? _____ Under what conditions? _____

Are you aware of cat health problems such as hairballs, nail trimming, etc. _____

What type of ID will you use for your cat? _____ implanted microchip _____ collar with tags _____ other _____

Do you intend to declaw your pet? _____

What type of solid food will you feed this cat? _____

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By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts will result in my losing the privilege of adopting a pet. I understand that the Trempealeau County Humane Society has the right to deny my request to adopt an animal, and I authorize investigation of all the information I have provided on this form.

Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_