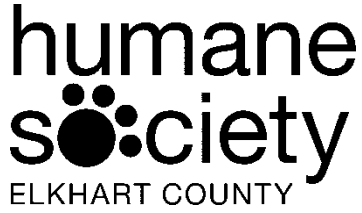


Hold: \_\_\_\_\_  Ent  Rel Hold: \_\_\_\_\_  Ent  Rel Hold: \_\_\_\_\_  Ent  Rel

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_



54687 County Road 19, Bristol, IN 46507  
Phone: (574) 848-4225 Fax: (574) 848-5453  
www.elkharthumanesociety.org

**IMPORTANT – PLEASE READ CAREFULLY**

We are delighted that you are interested in adopting a pet from us. We ask that you fill out your application completely so it may be processed in an efficient manner. The application is designed to help us determine if the adoption is in the animal’s best interest, and to assist the potential adopter in finding an animal most compatible with his/her lifestyle. **It will take approximately 24 hours to approve or deny your application.** Please understand that the animal’s welfare must and will be our foremost consideration. You must be 18 years of age or older in order to adopt.

FOR OFFICE USE ONLY			A	D
FILE CHECK (HSEC)	<input type="checkbox"/> DATABASE	<input type="checkbox"/> CRUELTY	<input type="checkbox"/> BC	_____
LANDLORD CHECK	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> N/A	Initials
_____				Date
FAMILY VISIT	<input type="checkbox"/>	_____		
VET CHECK	_____			
_____				

**TERMS AND CONDITIONS FOR ADOPTION (Please initial)**

- I agree that all animals I adopt from the Humane Society are **REQUIRED** to be spayed/neutered, receive proper veterinary care (including vaccinations) as necessary, be properly licensed, and adhere to all laws and ordinances. \_\_\_\_\_
- I agree that the Humane Society reserves the right to approve or refuse an adoption to anyone. \_\_\_\_\_
- I agree to surrender ownership of this animal to a HSEC representative if the Humane Society determines that the animal’s living conditions are not satisfactory, or if I am found in breach of any portion of the Humane Society’s Adoption Contract. \_\_\_\_\_
- I agree that the Humane Society will NOT reimburse me for any future veterinary expenses, including a wellness check. \_\_\_\_\_
- I agree that the Humane Society will not replace or provide a refund if my new pet does not get along with my current pet(s). \_\_\_\_\_
- I agree that I am financially able to provide necessary time and financial resources for appropriate training, medical treatment and proper care for the pet. \_\_\_\_\_
- I agree that all persons living in household must meet the animal prior to adoption. \_\_\_\_\_
- I agree that the animal(s) I adopt cannot be given away as gifts to anyone who does not live in my household. \_\_\_\_\_

**PLEASE PRINT (\*Required for Pet Insurance; included with your adoption)**

\*Name: \_\_\_\_\_ \*E-Mail Address: \_\_\_\_\_ County \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Are you the property owner at the above listed address?  Yes  No If No, list the name and phone number for the Landlord or Property Owner:  
a. Name \_\_\_\_\_ Phone #: \_\_\_\_\_  Landlord  Property Owner

2. How long have you lived at your present address?: \_\_\_\_\_

3. Previous Address (If less than 5 years): \_\_\_\_\_

4. Please list all the adults currently living in your household:

First & Last Name	Age	Relationship to you

Notes (Office Use Only)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If for any future reason you must give up or relinquish custody of this pet, do you agree to return it to the HSEC?  Yes  No

a. If No, why? \_\_\_\_\_

6. Where will the new pet be kept when alone?: (Check all that apply)  Kennel  Porch  Patio  Inside Home  Crate  Chain  Outside  
 Work  Basement  Other explain: \_\_\_\_\_

Yes	No	OWNER AGREEMENT
<input type="checkbox"/>	<input type="checkbox"/>	I am aware that Indiana State law requires dogs, cats & ferrets to be vaccinated for Rabies at 3 months of age. This vaccination must be renewed upon expiration.
<input type="checkbox"/>	<input type="checkbox"/>	I realize I may have to house train my new pet.
<input type="checkbox"/>	<input type="checkbox"/>	I agree to have my adopted pet spayed/neutered.
<input type="checkbox"/>	<input type="checkbox"/>	I am willing and able to assume responsibility for my new pet's lifespan (10-15 years).
<input type="checkbox"/>	<input type="checkbox"/>	I agree to keep this animal inside at night.
<input type="checkbox"/>	<input type="checkbox"/>	If adopting a dog, I agree to bring my current dog(s) to the shelter for a meet & greet before I adopt the new dog.
<input type="checkbox"/>	<input type="checkbox"/>	I agree to take my new pet to a veterinarian within 5 days of adoption to make sure it receives proper veterinary care.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I must license ALL animals in my household in accordance with my local community requirements.

7. Do you want your new pet for: (Check all that apply)  Outside Pet  House Pet  Breeder  Hunter  Mouser  Companion  
 Companion for present pet(s)  Guard Dog - explain: \_\_\_\_\_

8. Have your current pets received their Rabies shot?:  Yes  No

a. If No, do you understand your current pets will need to be vaccinated for Rabies before you can adopt?  Yes  No

9. What types of pet(s) do you currently have in your household? List them below. Leave blank otherwise:

Type Of Pet			Spayed/Neutered				Pet's Information						
	Dog	Cat	Breed		Male	Female	Yes	No	Inside Pet	Outside Pet	Pet's Name	Time Owned	Age
Pet #1	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pet #2	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pet #3	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pet #4	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pet #5	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pet #6	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

10. Current Veterinarian: \_\_\_\_\_ Vet's Phone #: \_\_\_\_\_

a. Previous Veterinarian: \_\_\_\_\_ Vet's Phone #: \_\_\_\_\_

b. Are pets listed under your name?:  Yes  No If No, whose name are they under? \_\_\_\_\_

11. How did you hear about us? Newspaper Ad  Website  Volunteer  Other adopter  Newsletter  Veterinarian  Other \_\_\_\_\_

I CERTIFY THAT I UNDERSTAND THE HUMANE SOCIETY OF ELKHART COUNTY'S POLICIES AND THAT THE INFORMATION GIVEN IS TRUE. I FURTHER UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION. I AGREE THAT THE HUMANE SOCIETY OF ELKHART COUNTY HAS PERMISSION TO CONTACT MY VETERINARIAN FOR RECORDS ON MY PRESENT ANIMALS.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

	Clinic Name	Animals Name	Rabies Vaccination	Spayed/Neutered	Other Info
1.					
2.					
3.					
4.					
5.					
6.					

NOTES: \_\_\_\_\_

