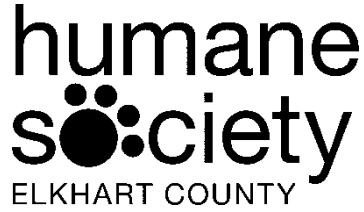


Hold: _____ Ent Rel Hold: _____ Ent Rel Hold: _____ Ent Rel

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.

FOR OFFICE USE ONLY		A	D
FILE CHECK (HSEC)	<input type="checkbox"/> DATABASE <input type="checkbox"/> CRUELTY	_____	
LANDLORD CHECK	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> N/A	Initials	
LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	_____	
_____		Date	
VET CHECK _____			

ADOPTION REQUIREMENTS

You Must:

- Be eighteen (18) years of age or older.
- Have knowledge and consent of all adults living in the household (All members of the household must meet and agree on the cat/dog).
- Agree that the animal(s) you adopt cannot be given away as gifts to anyone who does not live in your household.

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), 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 Societies 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 training, medical treatment and proper care for the pet. _____

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. Do you rent your home or lot? Yes No If Yes, What is your Landlord’s Name? _____ Landlord’s Phone #: _____

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

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

4. Have you ever brought an animal to us? Yes No

a. If Yes, was this animal a stray? Yes No

b. Type of animal: Dog Cat Other

c. If this was your pet, why was it brought to the shelter? _____

4. 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? _____

5. 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 <u>licensed</u> and vaccinated yearly for Rabies and Distemper and will ensure this will be done.
<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 the City of Elkhart per the Elkhart City Animal Ordinance.

6. 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: _____

7. 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

8. 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"/>			

9. 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? _____

I CERTIFY THAT I UNDERSTAND THE HUMANE SOCIETY OF ELKHART COUNTY'S POLICIES AND 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.					

Notes:
