

LAST NAME: _____ FIRST NAME: _____ DATE: _____

HOLD: _____ HOLD: _____ HOLD: _____



humane
society
ELKHART COUNTY



ADOPTION APPLICATION



CONTACT US:

54687 County Road 19, Bristol, IN 46507

Phone: (574) 848-4225

Fax: (574) 848-5453

Email: info@elkharthumanesociety.org

www.elkharthumanesociety.org

WELCOME, AND THANK YOU FOR CONSIDERING ADOPTION OF A SHELTER COMPANION!



We are delighted that you are interested in adopting a companion animal from us!

This application is designed to help determine what will be in the best interest of the animal and to assist potential adopters in finding a companion that is most compatible with their lifestyle. Please understand that the animal's welfare must and will always be our foremost consideration.

Therefore, the Humane Society reserves the right to approve or deny an adoption.

In order to help us be effective in processing your application, please fill out your application completely and truthfully.

Due to State laws regarding ownership, potential adopters must be 18 years of age or older.

It will take approximately 1-2 business days to process your application.

TERMS AND CONDITIONS FOR ADOPTION

(PLEASE READ CAREFULLY & INITIAL EACH)

AS A POTENTIAL ADOPTER, I UNDERSTAND THAT:

_____ The animal(s) I adopt cannot be given away, and if I am unable to keep the animal(s), it/they are to be returned to the Humane Society of Elkhart County.

_____ All persons living in household must meet the animal prior to adoption.

_____ I must be able to provide necessary time and financial resources for appropriate training, medical treatment and proper care for the lifespan of the animal.

_____ The Humane Society will NOT reimburse me for any future veterinary expenses, including the required wellness exam.

_____ The Humane Society will not replace or provide a refund if my new pet does not get along with my current pet(s).

_____ All animals I adopt from the Humane Society are **REQUIRED** to be spayed/neutered within one month of adoption (Puppy/Kitten -before 6 months of age.)

The spay/neuter surgery must be prepaid prior to adoption. (See front office regarding details and options.)

_____ **A wellness exam appointment must be made prior to adoption. This appointment must be scheduled to occur within 5 days after the adoption date.**

_____ **If I am adopting a dog and I currently own a dog or dogs, a meet and greet appointment must be scheduled before I adopt the new dog.**

_____ I must adhere to all laws and ordinances and in some cities, may be required to purchase a license for my companion animal.

APPLICANT'S INFORMATION *(PLEASE PRINT)*

Full Name: _____ *E-Mail Address: _____ County: _____

Address: _____ Apt./Lot # _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

** Email required in order to receive Pet Insurance Policy included with your adoption. By providing your email you consent to Pethealth, Inc. collecting and using your personal information for the purpose of contacting you with commercial electronic messaging and telephone communications.)*

1) Circle what type of home you live in: House Apartment/Condo Mobile Home

2) Do you rent your home or lot? _____ If so, what is your Landlord's name and phone number? _____

3) How long have you lived at your current address? _____

4) What was your previous address? _____ City: _____ State: _____ Zip: _____

5) Please list ALL persons *(ADULTS & CHILDREN)* currently living in your household:

			IF 18+ YEARS		
FULL NAME <i>(FIRST M.I. LAST)</i>	RELATION TO APPLICANT	AGE	DATE OF BIRTH	DRIVER'S LICENSE/STATE ID #	NOTES <i>(OFFICE USE ONLY)</i>
	SELF				

6) Why do you want your new pet? *(Check all that apply)*

Inside Pet Outside Pet Companion Companion for present pet(s)
 Breeder Hunter/Mouser Guard Dog (Explain): _____

7) Where will your new pet be kept when you are not home? *(Check all that apply)*

Inside Home Basement Indoor Crate
 Outside Home Patio/Porch Outdoor Kennel Chain/Tie-out
 Work Other (Explain): _____

8) What type(s) of pet(s) (please list cats, dogs and ferrets below) do you currently have in your household? (If no current animals, skip to #11)

Please list each dog/cat/ferret	NAME	TYPE OF PET						SPAYED/NEUTERED		AGE	TIME OWNED	
		CAT	DOG	FERRET	BREED	MALE	FEMALE	INSIDE PET	OUTSIDE PET			YES
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) Are your current pets up to date on their Rabies vaccination? Yes No

If No, please understand that according to state law it is required that your current pets will need to be vaccinated for Rabies before you can adopt.

10) Current Veterinary Clinic: _____ Phone #: _____

a) Previous Clinic: _____ Phone #: _____

b) Are vet records under main applicant's name? Yes No If No, whose name are the records under? _____

11) How did you hear about us? Website Facebook Television Newspaper Pet Store
 Other Adopter Previously Adopted Volunteer Other (Explain): _____

**I CERTIFY THAT I UNDERSTAND AND AGREE TO THE HUMANE SOCIETY OF ELKHART COUNTY'S TERMS AND CONDITIONS FOR ADOPTION.
 I FURTHER CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND TRUE.
 I UNDERSTAND THAT ANY WITHHELD, INCOMPLETE OR FALSE INFORMATION MAY RESULT IN NULLIFYING THIS APPLICATION.
 I GRANT THE HUMANE SOCIETY OF ELKHART COUNTY PERMISSION TO CONTACT MY VETERINARIAN AND OBTAIN RECORDS ON MY PRESENT/PAST ANIMAL(S).**

SIGN: _____ **DATE:** _____

FOR OFFICE USE ONLY				
CLINIC	ANIMAL'S NAME	RABIES DUE	ALTERED	VETERINARY CARE NOTES

FOR ANIMALS CURRENTLY IN YOUR HOUSEHOLD



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INFORMATION RELEASE

I, _____, authorize the release of my pet's
PRINT - OWNER'S NAME LISTED ON VET RECORDS

PRINT - NAME(S) OF PET(S)

records from _____ to The Humane Society of Elkhart County.
PRINT - NAME OF VETERINARY CLINIC

SIGNATURE

DATE