

# Green County Humane Society

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Date of Application \_\_\_\_\_  
Rec'd by \_\_\_\_\_  
Date of Approval \_\_\_\_\_  
Approved by \_\_\_\_\_

Application for: \_\_\_ Adoption of Dog Name of Dog \_\_\_\_\_  
                          \_\_\_ Adoption of Cat Name of Cat \_\_\_\_\_  
                          \_\_\_ Outdoor Animal Name \_\_\_\_\_

## ADOPTION APPLICATION

*Welcome to Green County Humane Society. THANK YOU for considering the adoption of a shelter animal. Our adoption program goal is to find forever loving homes for the animals in our care. We will work with you to find the match that is in the best interest of the animals and adopters..*

## AGREEMENT OF ADOPTION

*Please read the following and initial that you agree and understand the terms of adopting from GCHS.*

- \_\_\_ I agree to provide the animal with humane care, food, water, shelter, exercise, vet care, and licensing, and follow all local, county and state laws and regulations.
- \_\_\_ I am adopting this animal as a pet for my family and agree NOT to sell or use the animal for EXPERIMENTAL or MEDICAL RESEARCH, FIGHTING, or ILLEGAL use.
- \_\_\_ I understand that some animals may have behavioral issues, and if any, will not hold GCHS responsible for any actions by the animal, including bites and /or property damage.
- \_\_\_ I accept the responsibility of this animals future health care and understand that there is no guarantee on the health of any animal.
- \_\_\_ If I am unable to keep the animal I agree to return the animal to GCHS within two (2) months of the adoption date.
- \_\_\_ I understand that there are no refunds on adopted or returned animals after 7 days. If an animal is returned before the 7<sup>th</sup> day a refund of 25% of the adoption fee will be returned.
- \_\_\_ I have been fully informed of behaviors exhibited or observed by GCHS staff by this animal and have received a copy of any documented incidents.

By signing this agreement, I certify that I am at least 18 years of age and all information provided is true. I recognize any misrepresentation may result in denial of this application. I understand that GCHS has the right to investigate all statements made in this adoption application including references, veterinary records, landlord. I understand that this form is the property of the GCHS and the application will be kept on file for 6 months. I understand that GCHS has the right to accept or deny any application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PLEASE PRINT – APPLICANT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Phone#: \_\_\_\_\_ Work # \_\_\_\_\_ Cell #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**HOUSEHOLD INFORMATION:**

Do you live in a:  House  Apartment  Condo  Duplex  Mobile Home  Dorm

Do you (check one):  Own  Rent  Live w/parents or relative  Room mates

Name of Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you a first time pet owner?  Yes  No

Is everyone in the household in agreement with the adoption of this animal?  Yes  No  Don't Know

# of adults in household: \_\_\_\_\_ # of children in household: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Who will be responsible for the care and feeding of this animal? \_\_\_\_\_

Does anyone in the household have allergies to pets?  Yes  No  Unsure

**PERSONAL REFERENCES: Please provide 3 references**

NAME	PHONE #	BEST TIME TO CONTACT	RELATIONSHIP

I heard about GCHS:  from a friend  from a family member  newspaper  internet  TV/radio

Web site  while attending a GCHS event  Other \_\_\_\_\_

**ANIMAL INFORMATION:**

Do you want a pet for:  Companionship  Gift  Guard  Working Animal  Hunting

I prefer a:  Male  Female  Kitten/puppy (up to 6 months)  1-4 Years  5- 7 Years  Senior

What level of activity do you prefer:  Mellow/quiet  Low activity  Medium activity  High activity

Breed Preference: Dog \_\_\_\_\_ Cat \_\_\_\_\_

Is this animal going to live:  Indoors only  Outdoors only (inspection required)  Both

Have you ever adopted from GCHS before?  Yes When? \_\_\_\_\_  No

Have you ever had to give up an animal?  Yes When? \_\_\_\_\_  No

Please explain \_\_\_\_\_

**Animals Currently in your household or had over the past 5 years:**

Pet Name	Breed	Age	Sex	Altered	Shots Current	Current Status of Pet

Vet Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone # \_\_\_\_\_