

Green County Humane Society - 1500 6th Ave, P.O. Box 54, Monroe, WI 53566

Phone: 608-325-9600 Fax 608-325-9608

Website: www.greencountyhumane.org Email: shelter@greencountyhumane.org

Approved _____ Initials _____

Adoption Application

Date: _____ Animal(s) Interested in: _____

If requested animal is not available do you want application processed? Yes No

Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Name of Employer _____

How long at current job? _____ Work phone # _____

How did you find out about our shelter? _____

Personal references – at least 2 not a relative (Must have at least 3):

Name	Phone	Time to Contact	Relationship

List all the pets you own at this time:

Name	Breed	Age/Sex	Shots Current	Spayed/Neutered
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vet. Reference			Phone #:	

List all the pets you owned in the past 5 years (not including those listed above):

Name	Breed	Age/Sex	Shots Current	Spayed/Neutered
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What happened to the animals you no longer own? _____

Do you live in: House Apartment Do you: Own Rent Live with parents

Homeowner/Landlord's name: _____ Phone: _____

Any Landlord/Homeowner Pet Restrictions? _____

How long at residence? _____ What county will you and your pet reside in? _____

Future plans to move: Yes No If so, where? _____

Children: Yes No Ages? _____ Allergies _____

of adults in household? _____ Names _____

Would you agree to a home visit. Yes No If No, please explain _____

Would you agree to supply GCHS with a Veterinarian health check-up after 3 months of ownership? Yes No

If no, please explain _____

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

Have you ever adopted from this shelter? Yes No How long ago? _____

If yes, do you still own your pet? Yes No Explain: _____

Have you ever adopted from another shelter? _____

Shelter Name? _____ Are your pets wearing current ID tags at all times? Yes No

Is this pet for your household? Yes No Whose household? _____

Who will be the primary caretaker for this pet? _____

What backup do you have for care of your pet while at work, on vacation, etc? _____

How will your new pet spend its day? (Circle all that apply) Crated Outdoors Indoors Basement
Garage Porch Yard Barn Confined in a room Other

How will your new pet spend its nights? (Circle all that apply) Crated Outdoors Indoors
Basement Garage Porch Yard Barn Confined in a room

Below, mark all that may apply:

I prefer a Male Female Kitten/puppy Adult Any age

I prefer a pet whose energy level is High Medium Low

I prefer a pet that Lives indoors Lives outdoors Enjoys being outside with me

I prefer a pet whose personality is Full of life/active Laid back/calm Vocal/talkative

Quiet Independent People oriented A lap cat/dog Very affectionate

I prefer a pet that needs grooming Rarely Occasionally Weekly Daily

On the average, how many hours per day will your pet be left alone? _____

How will you solve any behavior or housetraining issues that your new pet may develop?

List any bad habits that you cannot tolerate: _____

Dogs and cats may often live longer than 15 years, your life is sure to change in that time. Are you confident a pet will fit into those changes and are you ready to take responsibility for the pet's entire life? Unsure Yes No

I will find the pet another home if unable to care for it myself.

I will return it to the shelter if unable to care for it.

Are you aware of the leash & Pet laws in your community? Yes No

What are the leash & pet laws in your area? _____

What do you anticipate the cost will be per year to feed, vaccinate, license, and provide medical care for the pet you are interested in?
(Circle one) under \$100 under \$200 under \$500 under \$1000

PLEASE FILL OUT COMPLETELY FOR CATS

Do you plan on declawing your cat? Yes No

Will the cat be allowed to go outside? Yes No If Yes, Explain _____

PLEASE FILL OUT COMPLETELY FOR DOGS

Do you have a fenced yard? Yes No If no, how will your new pet be confined when outdoors? _____

Do you need information regarding the training, needs, temperament, and characteristics of the breed you have chosen? Yes No

Would you consider dog obedience classes? Yes No

Do you understand that it is State Law to keep current license and rabies identification on dogs at all times? Yes No

Will this be an outdoor dog? Yes No Please read the following:

Outdoor Dog Adoption Requirements

- All outdoor dog applicants understand that they will agree to a pre onsite inspection by GCHS personnel.
- The home location must be far enough off of the highway to avoid the dog being hit, or have a fenced yard, or be secured or trained in such a way as to prohibit free roaming when family is not with the dog.
- Owners must provide suitable shelter such as a heated work shop, insulated dog house, warm barn, garage, etc, with water and food.
- Owners must be able to provide vet care and health care – rabies, help if injured, etc.
- All pets must have social time and be a part of family.
- GCHS WILL NOT ADOPT TO OUTDOOR HOMES FROM OCTOBER 1 TO MARCH 31.

By signing below, I certify I am at least 18 years of age and that the information I have given is true and that I recognize that any misrepresentation may result in denial of this application. I understand that GCHS has the right to deny my animal adoption request and I authorize investigation of all statements including veterinary records, landlord, and other humane societies. This form will become the property of Green County Humane Society.

Sign your first and last name: _____ Date: _____

Print your first and last name: _____

GCHS holds approved applications for 4 months after time of approval.

*******FOR OFFICE USE ONLY*******

Housing/Landlord Verified Yes No Date _____ Initials _____

Comments: _____

Veterinary Reference Called Yes No Date _____ Initials _____

Comments: _____

Do not adopt records called Yes No Date _____ Initials _____

Comments: _____

Reference:

Yes No 1. _____

Yes No 2. _____

Yes No 3. _____

Animal Care Staff Recommend Yes No Animal Care Staff

Comment _____

