

HUMANE SOCIETY OF HARRISON COUNTY, OHIO

ADOPTION APPLICATION

Name: _____ Date: _____

Address: _____

County: _____

Phone Number: _____ Mobile Number: _____

E-mail: _____

Housing Information

Rent: Y / N Own: Y / N

House: Y / N Apartment: Y / N

If you rent, please provide the following:

Landlord Name: _____

Landlord Phone Number: _____

Landlord has given permission to have animal(s)? Y / N

How many adults live in your household? ____ Ages: _____

How many children live in your household? ____ Ages: _____

Who will be responsible for the care of the animal? _____

Are all family members in agreement with adopting this animal? Y / N

Does any family member have any allergies to animals? Y / N

Do you plan on moving in the near future? _____ If so, what will you do with this animal? _____

General Information

Do you consider your pet (s) as part of the family? _____

Are you willing to house train (aka: Potty Train)? _____

Are your current pet (s) treated with monthly flea & tick preventative? _____

Are your current pet (s) spayed/neutered? Y / N

Do you have a fenced-in yard? Y / N

Are you willing and able to exercise this animal on a daily basis? _____

-Please describe your method of exercise: _____

Will this animal spend most of it's time inside or outside? _____

Are you financially able to take this animal to the veterinarian for routine health care and wellness checks? Y / N

Have you ever surrendered a pet to a shelter, rescue, or pound? Y / N

If yes, please explain the situation and why you had to surrender: _____

Where will this animal be kept when alone? _____

How many hours each day will the animal be left alone? _____

Where will the animal sleep at night? _____

Are you familiar with the type/breed of animal you're wishing to adopt? _____

Veterinarian Information

Name of Veterinarian: _____

Phone Number: _____ Fax: _____

Location: _____

Current Pets & Animals

Please list any and all pets and animals that you currently possess:

Name	Age	Breed/Type	Vetted?

Will you agree to follow-up visits by the Harrison County Humane Society following the adoption? _____

Please complete if you're wishing to adopt Livestock:

Will this animal be housed in a barn/stall? _____

Will it be in a pasture? _____

If yes, how many acres? _____

Will there be other animals in the pasture with this animal? Y / N

If yes, please list animals (breed/type of animal, age, and if it's altered)

1. _____

2. _____

3. _____

4. _____

5. _____

Signature of Adopter

Date

Signature of HCHS

Date