

Humane Society of Young County Adoption Application

Name: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Place of Employment: _____ Phone: (____) _____

Best time to call: _____ Home _____ or Work _____

Type of pet to adopt: _____ Dog _____ Cat. Name or breed interested in _____

Do you own or rent your home? _____

If renting, do you have landlord's permission to keep a pet? _____ Yes _____ No

Landlord's Name: _____ Phone: (____) _____

How long have you lived at this address? _____

If less than 1 year, please give location and length of residence at previous home:

Do you have a fenced yard: _____ Yes _____ No Fence Height: _____ Fence Type: _____

Does the fencing completely enclose a yard for the dog? _____

If no fence, how will you handle the dog's exercise and toilet duties? _____

List everyone living in household (names and ages): _____

Are all family/household members in agreement about adopting a pet? _____ Yes _____ No

Are there regular visitors to your home (human or animal) with which your new pet must get along?

_____ Yes _____ No Describe visitors: _____

References: (names & phone #'s of neighbors or friends) _____

How many dogs and/or cats have you owned in the last 10 years? _____ Dogs _____ Cats

Will pet you're adopting be: _____ indoor _____ outdoor _____ mostly indoor _____ mostly outdoor

Other pets? _____

For all dogs and cats you currently own, give name, species, age, sex, breed and if spayed or

neutered: _____

Give name, age, species, sex, breed, if spayed/neutered, and what happened to all dogs and cats that you have owned in the past 10 years but no longer have, listing number of years you owned them: _____

Do you have a regular veterinarian? _____ Yes _____ No

Vet/Clinic Name: _____

Vet address: _____

Phone: _____ How long have you been with this vet? _____

NOTE: If you currently own a pet or have owned one in the last 10 years, your vet's name is required to process your application. If you cannot supply a vet reference, please give the reason why. _____

If you had to move what would become of this pet? _____

Daily time with pet: _____ Work hours: _____

Activities interested in: _____

Describe your ideal pet: _____

Why did you choose this particular pet? _____ :

List all plans for this pet: _____ Companion _____ Gift _____ Mouser _____ Guard _____ Hunting

_____ Obedience _____ Herding _____ Agility _____ Other: _____

If adopting a puppy, size preference when full grown: _____

Average daily hours pet will spend without human company: _____

Where will pet spend the day? _____ Loose indoors _____ Crate _____ Basement _____ Garage

Fenced Yard _____ Kennel _____ Other: _____

Where will pet spend the night? _____ Loose indoors _____ Crate _____ Basement _____ Garage

Fenced Yard _____ Kennel _____ Other:- _____

Do you understand that HSYC requires this pet to be spayed or neutered? _____ Yes _____ No

Do you commit to obtaining proper medical care and upkeep of vaccinations, external & internal parasite control, and heartworm tests/preventative? Yes No

What's your expected yearly budget for above care and nutrition for the pet? _____

Would you be willing to allow someone designated by HSYC to visit your home? _____

_____ If not, why? _____

How did you hear about our adoption program? _____

Have you adopted from a shelter or rescue group before? _____ Yes _____ No

If YES, give details and name of shelter/rescue group: _____

I am over 21 years of age: _____ Yes _____ No If under 21, my parents are agreeable to my adopting a pet.

_____ Yes _____ No Parents name and phone number: _____

All of the above information I have given is true and complete, submitting this form constitutes my permission for HSYC to check references.

Date: _____ DL# _____ Signature: _____

Incomplete or false information automatically disqualifies application. WE RESERVE THE RIGHT, IN OUR SOLE DISCRETION, TO REFUSE ANY APPLICANT FOR ANY REASON.