



Sheboygan County Humane Society Adoption Application



*NOTE: YOUR CURRENTLY OWNED PETS WILL NEED TO BE UP TO DATE WITH THE RABIES VACCINATION, WHEN APPROPRIATE, IN ORDER TO ADOPT ANOTHER ANIMAL.

PLEASE PRINT CLEARLY - IF WE CAN'T READ IT, WE CAN'T APPROVE IT!

Today's Date: _____ Cat's Name: _____ Tag No: _____

Adopter's Name: _____ M.I.: _____ Date of Birth: _____ Age: _____

Address: _____

(Select one) City Town Village of _____ Zip Code: _____

Driver's License: _____ OR-Photo I.D.: _____

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

Email Address: _____

Occupation/Employer: _____

*List other adults (18 years or older) living in your household (provide first & last names, middle initial & date of birth)

Number of Children living with you _____ Ages: _____

Do you Rent _____ or Own _____: a House _____ Condo/Town Home _____ Mobile Home _____ Apartment _____

If you rent, landlord/complex name: _____ Phone Number: _____

Are you planning to move in the next six months? Yes ___ No ___ If yes, please explain why and what you will do with your pets:

LIST ALL PETS CURRENTLY LIVING IN YOUR RESIDENCE

Pet's Name	Pet Type & Breed	Sex	Spayed or Neutered?	Kept Where?	Age of Pet?	Microchipped?
_____	_____	_____	yes ___ no ___	In ___ Out ___ Both ___	_____	_____
_____	_____	_____	yes ___ no ___	In ___ Out ___ Both ___	_____	_____
_____	_____	_____	yes ___ no ___	In ___ Out ___ Both ___	_____	_____
_____	_____	_____	yes ___ no ___	In ___ Out ___ Both ___	_____	_____

LIST ALL PETS YOU OWNED IN THE LAST FIVE YEARS THAT NO LONGER LIVE WITH YOU

Pet's Name	Pet Type & Breed	Sex	Spayed/Neutered	Kept Where?	Age of Pet?	Where is Pet?
_____	_____	_____	yes ___ no ___	In ___ Out ___ Both ___	_____	_____
_____	_____	_____	yes ___ no ___	In ___ Out ___ Both ___	_____	_____
_____	_____	_____	yes ___ no ___	In ___ Out ___ Both ___	_____	_____
_____	_____	_____	yes ___ no ___	In ___ Out ___ Both ___	_____	_____

List Present Veterinarian/Clinic: _____ & Previous Veterinarian(s)/Clinic used: _____

Under what name (including maiden name) are/were your pets listed? _____

Does anyone in your household have pet allergies: Yes ___ No ___ If yes, allergies to Cats ___ Dogs ___ Other: (list) _____?

How are the allergies managed? _____

References: List two NON RELATED references you have known for more than six months

Name: _____ Phone# _____

Name: _____ Phone# _____

Have you ever applied for an animal, or adopted from us before? Yes ___ No ___ If yes, when? _____

Have you ever given away or surrendered an animal before? Yes ___ No ___ If yes, when? _____ Please explain: _____

What areas would you like information about? (Check all that apply) Scratching Furniture____ Alternative to Declawing____
Preventing Aggression____ Shy/Fearful Behavior____ Grooming____ Food Brands/Nutrition____
Landlords that Allow Pets____ Veterinarians/Clinics____ Vaccinations____ Introducing New Pets____

Are you familiar with local animal ordinances regarding:

Licensing Yes____ No____ Leash Laws Yes____ No____
Vaccinations Yes____ No____ Number of pets/household Yes____ No____

Why would you like to adopt? (Check all that apply): Mouser____ Companion____ Protection____ For the children____ Breeding____
Competition/Shows____ Companion for another pet____ Gift____ - for whom?____ Other (list)____

What characteristic is MOST IMPORTANT for your new cat to have? (Playful, Calm, Small size, Looks etc.) _____

What behavior/behaviors would not be acceptable to you? _____

How long will your pet be left alone (without human companionship) each day? _____

Will your cat have free run of your home during the day? Yes____ No____ At Night? Yes____ No____

If No, please explain _____

Will your cat be let outdoors: Yes____ No____ If yes, please explain: _____

Do you want your cat to have kittens? Yes____ No____

Cats can easily live 15 to 20 years. Are you ready for this commitment and able to care for your pet that long? Yes____ No____

Every cat adjusts differently to the new home and lifestyle, children, other pets etc. How much time are you prepared to allow your new cat to adjust?

If a behavioral problem arises, what steps (physically and financially) will you take to resolve it?

Cats might "spray" (mark territory with urine) in their homes or develop litter box issues. Are you willing to deal with that? Yes____ No____

Do you plan on declawing your cat? Yes____ No____ FRONT____ or ALL FOUR____ Is this a requirement of your lease? Yes____ No____

If it is NOT a requirement of a lease:

Are you aware of the myths about declawing (i.e. the only way to prevent damage to furniture, safer for children, if it's done as a kitten they'll be fine etc.) and all the side effects? Yes____ No____

If yes, what is your reason for proceeding with the amputation? _____

If you move and decline to find a pet friendly home or are ever unable to care for your adopted cat, you MUST return him/her to the Sheboygan County Humane Society. Any friends or family members willing to care for the cat may speak with us at that time. This ensures that the cat will be placed in the best home possible and that all veterinary records, microchip information etc. are properly and legally changed. _____ (initials)

APPLICATION COMPLETION **DOES NOT MEAN** YOU ARE GUARANTEED ADOPTION APPROVAL!

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I understand that I authorize investigation of all statements in this application, including any veterinary records.

→ **Applicant's Signature:** _____ **Date:** _____