



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: _____ Small Animal'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) Cage Set-Ups/requirements ___ Litter Box/ House Training ___
Preventing Aggression ___ Shy/Fearful Behavior ___ Grooming ___ Food Brands/Nutrition ___
Landlords that Allow Pets ___ Veterinarians/Clinics ___ Introducing New Pets ___ "Critter Proofing" the House ___

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 a pet? (Check all that apply): Breeding ___ Food Source ___ Competition/Showing ___ Companion ___
For the children ___ Companion for another pet ___ Gift ___ - for whom? ___ Other (list) ___

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

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

Have you ever had small animals as pets before? Yes ___ No ___

How many years of experience do you have with the specific type of critter you are applying for? _____

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

Where will the critter be housed? Inside ___ Outside ___ If outside, please explain _____

What type of housing/cage set-up do you plan on using? _____

How often and for what length of time will the critter be allowed outside the cage? _____

Do you want your critter to have babies? Yes ___ No ___

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

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

Critters might "spray" (mark territory with urine) or have "accidents" in their homes. Are you willing to deal with that? Yes ___ No ___

Some types of small animals can easily live 12 years. Are you ready for this commitment and able to care for your pet that long? Yes ___ No ___

Small animals are often bought to be pets for children. Most of our critters are surrendered because the "child isn't taking care of it" or has become bored with it. Ultimately, until the child becomes an adult at age 18, you as their legal guardian and adopter of the animal are still responsible for the animal's **lifelong** care. _____ (initials)

If you move and decline to find a pet friendly home or are ever unable to care for your adopted pet, you **MUST** return him/her to the Sheboygan County Humane Society. Any friends or family members willing to care for the pet may speak with us at that time. This ensures that the animal will be placed in the best home possible and that all 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:** _____