



# 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:** \_\_\_\_\_