



# Adoption Application

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Current County of residence: \_\_\_\_\_

Previous counties you have lived in: \_\_\_\_\_

Email: \_\_\_\_\_

## About Your Home

Do you  Own  Rent Landlord's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Who shares your household?

Spouse/Life Partner: Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Roommate(s): Name(s) \_\_\_\_\_ Phone #(s): \_\_\_\_\_

Significant Other: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other: \_\_\_\_\_ Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are there children in the home?  Yes  No

If yes, how many? \_\_\_\_\_ Age(s): \_\_\_\_\_

Does everyone in your household know your plan to adopt?  Yes  No

Do you have any plans to move in the near future?  Yes  No

Does anyone in your household have an allergy to any animals that you are aware of?  Yes  No

Has anyone in the home been banned from adopting an animal?  Yes  No

If yes, what was the reason? \_\_\_\_\_

Has anyone in the home been convicted of, or investigated for, animal cruelty or neglect?  Yes  No

If yes, when and what county? \_\_\_\_\_

**List all pets currently in the Home**

Name	Age	Sex	Species	Spayed/ Neutered	# Years owned	Still owned	If not, why

Who is your current veterinarian? \_\_\_\_\_ Phone #: \_\_\_\_\_

If you do not currently have a vet, would you like a referral?     Yes, Please

Why do you want to adopt at this time?

Companion for you/family/other pet     Guard Dog     Gift (for whom) \_\_\_\_\_

Which of the following reasons might force you to give up your dog?

- excessive barking     destructive chewing     nipping/biting     digging     divorce/separation
- allergies     shedding/dirty     not trainable     moving/relocating     housetraining problems
- financial problems     aggression     having a baby     vet bills/illness     none of the above

How do you plan on training your new dog? \_\_\_\_\_

Have you ever surrendered a pet to a shelter/pound?     Yes     No

If yes, reason for surrendering: \_\_\_\_\_

How many hours will your pet be alone each day? \_\_\_\_\_

If adopting a dog where will he/she spend most of his/her day when home alone?

- indoor only
  - crate     run of the house     specific room
- outdoor only
  - yard     garage     other: \_\_\_\_\_

What type of shelter will be provided if outside? \_\_\_\_\_

How will you confine your dog to your property?

- Fully fenced     Partially fenced     Tie-out     Leash     Invisible Fence

To be considered as an adopter you must:

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord if renting
- Be financially stable and willing to provide any necessary food, water, shelter and medical care

By signing this application, you agree that you understand that a new pet requires more than just food, water and shelter. Are willing and financially able to spend the time and money that a new pet requires. Understand that the adoption fee includes the pets spay/neuter and initial vaccinations but realize a new pet may require additional shots, healthcare, training, and other out of pocket expenses that are your responsibility.

By signing below, I confirm that all information provided is accurate and complete. I understand that any falsification, misrepresentation, or omission of information shall constitute grounds for denial of this application or forfeiture and return of any adopted animal without refund. **You understand that the Humane Society of Seneca County has the right to question and refuse any application.** You give consent to make inquiries about any and all records and information as provided on this adoption application, including all past and present veterinary records. You will not hold liable the Humane Society of Seneca County or any establishment mentioned on the adoption application if refused for any reason. If your application is accepted, you understand that the adoption contract is a legal and binding document. By signing this, you agree to uphold all requirements in this document.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Animal(s) interested in :  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Auditor/Landlord Check:  Yes  No \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Vet Records Check:  Yes  No \_\_\_\_\_ Staff Initials: \_\_\_\_\_

County Humane Society Check  Yes  No \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Final Decision:  Approved  Denied Staff Initials: \_\_\_\_\_

Reason: \_\_\_\_\_