

Approved \_\_\_\_\_ Denied \_\_\_\_\_



# Livingston County Humane Society

## Adoption Application

Animal's Name \_\_\_\_\_ Cat \_\_\_ Dog \_\_\_ Date \_\_\_\_\_

The Staff and Volunteers care greatly for the animals under our supervision. It is our responsibility to find permanent, loving homes for these animals. We do have adoption guidelines and we reserve the right to deny any adoption we feel is unsuitable.

In order to be considered as an adopter, you must:

Be 21 years or older

Have identification showing your present address

Be able to spend time to ensure a stable environment for the animal and have the financial resources necessary to provide training, medical treatment, and proper care for a pet.

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Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Do you: Rent \_\_\_ Own \_\_\_ Live with parents \_\_\_

Do you live in a: House \_\_\_ Condo \_\_\_ Apartment \_\_\_

Townhouse \_\_\_ Mobile Home \_\_\_

If you rent: Landlord's Name \_\_\_\_\_ Landlord's Phone \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ If less than one year, your previous address? \_\_\_\_\_

Are you planning to move within the next month? Yes \_\_\_ No \_\_\_

If you do move in the future, what will you do with your pet? \_\_\_\_\_

Your Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Length of Employment \_\_\_\_\_

Number of Adults in Household \_\_\_\_\_ Number of children \_\_\_\_\_

Ages of Children in your Household \_\_\_\_\_

Name of Spouse or Other Adult in your home \_\_\_\_\_

Occupation of Spouse/Other Adult \_\_\_\_\_ Company Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Length of Employment \_\_\_\_\_

Who will be responsible for the pet? Self \_\_\_ Spouse \_\_\_ Other Adult \_\_\_ Children \_\_\_

Other (please specify) \_\_\_\_\_

PLEASE FILL OUT THIS SECTION IF YOU ARE APPLYING TO ADOPT A CAT

Why are you adopting a cat? Pet \_\_\_\_ Companion \_\_\_\_ Companion for other cats \_\_\_\_  
For children \_\_\_\_ Gift \_\_\_\_ (If gift, does receiver know about it?) \_\_\_\_  
Other \_\_\_\_\_

What brand of food will you be feeding your cat? \_\_\_\_\_

Where will your cat be kept during the day? Loose in house \_\_\_\_ Crate \_\_\_\_ Basement \_\_\_\_  
Outside \_\_\_\_ Inside/Outside \_\_\_\_ Other \_\_\_\_\_

Where will your cat be kept in the evening? \_\_\_\_\_

Where will your cat sleep at night? \_\_\_\_\_

Will your cat be allowed outside? Yes \_\_\_\_ No \_\_\_\_ Other \_\_\_\_\_

Do you want your cat to be declawed? Yes \_\_\_\_ No \_\_\_\_ If yes, 2 paws \_\_\_\_ 4 paws \_\_\_\_

PLEASE FILL OUT THIS SECTION IF YOU ARE APPLYING TO ADOPT A DOG

Why are you adopting a dog? Pet \_\_\_\_ Companion \_\_\_\_ Companion for other pets \_\_\_\_  
For children \_\_\_\_ Gift \_\_\_\_ (If gift, does receiver know about it?) \_\_\_\_  
Other \_\_\_\_\_

What brand of dog food will you be feeding your dog? \_\_\_\_\_

Where will your dog be kept during the day? Loose in house \_\_\_\_ Crate/Kennel in House \_\_\_\_ Basement \_\_\_\_  
Outside in Fenced Yard \_\_\_\_ Outside in Kennel \_\_\_\_  
Other \_\_\_\_\_

Where will your dog be kept in the evening? Loose in house \_\_\_\_ Crate/Kennel in House \_\_\_\_ Basement \_\_\_\_  
Outside in Fenced Yard \_\_\_\_ Outside in Kennel \_\_\_\_  
Other \_\_\_\_\_

Where will your dog sleep? \_\_\_\_\_

Do you have a completely fenced yard? Yes \_\_\_\_ No \_\_\_\_ Height of the fence \_\_\_\_\_

If you don't have a fenced yard, how will the dog go outside? Taken for walk on leash \_\_\_\_ Tied up \_\_\_\_  
Loose in a kennel \_\_\_\_ Loose in the yard \_\_\_\_  
Other \_\_\_\_\_

How will you housebreak your dog? \_\_\_\_\_

If needed, are you willing to: Crate train your dog? Yes \_\_\_\_ No \_\_\_\_ Obedience Train? Yes \_\_\_\_ No \_\_\_\_

## CURRENT PET INFORMATION (LIST ANY ANIMALS YOU PRESENTLY OWN)

	1 <sup>st</sup> Pet	2 <sup>nd</sup> Pet	3 <sup>rd</sup> Pet	4 <sup>th</sup> Pet
Name of Pet?				
Dog or Cat?				
Age of Pet?				
Breed of Pet?				
How long owned?				
Sex of pet?				
Spayed/Neutered?				
Shots up to date?				
Where did you get this pet?				
Other current pets?				

If you do not have any current pets, how long since you've had a pet? \_\_\_\_\_

## PREVIOUS PET INFORMATION

(LIST ANY ANIMALS THAT YOU'VE OWNED IN THE PAST.  
DO NOT INCLUDE THE PETS YOUR PARENTS OWNED WHEN YOU WERE A CHILD.)

	1 <sup>st</sup> Pet	2 <sup>nd</sup> Pet	3 <sup>rd</sup> Pet	4 <sup>th</sup> Pet
Name of Pet?				
Dog or Cat?				
Age of Pet?				
Breed of Pet?				
How long owned?				
Sex of pet?				
Spayed/Neutered?				
What happened to this pet?				
Other previous pets?				

## VETERINARY CARE HISTORY

Name of Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

What name is used at your Vet as the owner of your pet? \_\_\_\_\_

Are you willing to let us call your Vet's office to see if your pets' shots are up to date? Yes \_\_\_ No \_\_\_

Will you use this Vet for your new pet? Yes \_\_\_ No \_\_\_

If not, who will you use? \_\_\_\_\_

Are you aware that pet ownership is expensive and are you prepared to spend hundreds of dollars in the event of an unforeseen health problem? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

Dogs and cats often live longer than 15 years. Are you prepared to take responsibility for this pet for its entire lifetime? Yes \_\_\_ No \_\_\_

It may take your pet a month or longer to adjust to a new home. Are you willing to allow this much time for adjustment? Yes \_\_\_ No \_\_\_

If you already have pets, they will probably resent any new ones that you bring into your home. Each new one will upset the established pecking order and both your established pets and new ones will feel compelled to test their boundaries with each other. Once the pecking order has been re-established to include your new pet, they may become great friends or at the least, learn to tolerate each others' presence. Until this happens, you may expect some snarling, hissing or even a fight or two. Are you willing to allow time for your pets to adjust to one another?

Yes \_\_\_ No \_\_\_, I will immediately return the pet.

Do you agree to return the pet to LCHS if you can no longer keep it? Yes \_\_\_ No \_\_\_

Are you willing to let a representative of LCHS visit your home by appointment? Yes \_\_\_ No \_\_\_

Have you ever adopted a pet from any Humane Organization in the past? Yes \_\_\_ No \_\_\_

If yes, please name the shelter or organization \_\_\_\_\_

Have you ever released an animal to any shelter? Yes \_\_\_ No \_\_\_ If yes, please explain:

By signing below, I certify that the information provided on this application is true and I recognize that my misrepresentation of facts may result in losing adoption privileges. I authorize investigation of all statements in this application and understand that veterinarians, landlords, other humane agencies, etc. may be contacted. I further understand that the adoption of this animal may be delayed until this information can be verified. If at any time, a representative from LCHS and/or local authorities determine that the animal is being neglected, abused, or kept in a manner other than stated on this form, this adoption will be void and ownership will revert back to LCHS.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Other Adult Signature \_\_\_\_\_ Date \_\_\_\_\_