



Name of Animal you wish to adopt: _____

For office use only: Approved Y N

Adoption Requirements:

- ▶ You **MUST** be 21 years or older, with identification
- ▶ Permission is required from a landlord if you are renting
- ▶ All current pets must be spayed/neutered, current on all vaccines, and testing

ADOPTION APPLICATION



_____ Dog

_____ Cat

Pet ownership is a serious responsibility and we believe in adoptions for the life of the animal. The Humane Society of Livingston County strives to ensure that each person who adopts a pet is aware of, and willing to, accept the responsibility of everything that comes with having a pet. The following questions are meant to create a good match between each animal and their new potential home/family.

Today's Date ___/___/___

Last Name _____ First Name _____ DOB ___/___/___

Address _____ City _____ State ___ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____

Two personal references (unrelated to you, or each other):

Reference 1: _____ Phone Number: _____

Reference 2: _____ Phone Number: _____

For office use only:

Veterinarian Contacted

Notes:

References Contacted

Notes:

Landlord Contacted
(if applicable)

Notes:

1. Do you: Own Rent Live with family

If renting, landlord name: _____ Phone Number: _____

Name of renting facility: _____

2. Residence type: House Apartment Condo/Duplex Farm Mobile Home Other _____

3. What is the noise/activity level in your home? Low Medium High

4. How many adults reside in your home? _____ **How many children? (list ages)** _____

5. Veterinarians Name: _____ **Phone Number:** _____

(please contact your veterinarian and give them permission to release information to us)

6. Pets currently in household (name, age, animal, indoor/outdoor):

7. Are you anticipating any changes to your household in the next 6 months? Yes No

If yes, please explain: _____

8. Will this be your first pet? Yes No

9. You want this pet for: Companion Gift Child's pet Family pet Watch dog/Barn cat

Hunting partner Other _____

10. Are all family members in agreement with this adoption? yes no

If no, please explain: _____

11. Does anyone in your home have allergies to animals? yes no

12. Who will be the primary caregiver? _____

13. How many hours per day will your pet be left alone? 0-2 hours 2-5 hours 5-10 hours 10+ hours

14. When alone, where will your pet be? _____

15. This pet will live: Indoors Outdoors Both

16. Describe your ideal pet: _____

17. How much time will you spend exercising your pet per day? _____

18. What type of exercise can you provide? _____

19. If outside, how will your pet stay in your yard? _____

20. Have you ever housetrained a pet? yes no

If yes, please explain your personal training methods: _____

21. Where do you prefer your pet(s) to sleep? _____

22. Annual vaccinations and vet care costs as much as 200\$-300\$ per year. Is this affordable for your situation? yes no

23. How long are you willing to allow a new pet to adjust to your home? _____

24. Are you willing to adopt a pet with medical or behavioral special needs? yes no

25. If behavioral problems arise, what steps will you take to address issues?

26. Have you ever had to give up a pet? yes no

If yes, please explain: _____

27. CAT ADOPTERS | Do you intend to have your cat/kitten declawed? yes no

The Humane Society of Livingston County reserves the right to deny any adoption application. HSLC additionally reserves the right to make a home visit prior to the adoption as part of our process.

As part of our adoptions for life philosophy, HSLC does NOT provide refunds.

I certify that all the information on this application is true, and I understand that providing false information will result in automatic refusal of adoption or confiscation of the adopted pet. I further understand the conditions of adoption and I agree to conform to them.

Print Name: _____ Signature: _____

Date: ____/____/_____