



Adoption Application

For Office Use Only

Pet name: _____ Pet ID# _____

Drivers License #: _____ State _____

Landlord approval: Yes No N/A

Verified by: Phone Lease Other

PetPoint Check: Passed / Failed

Dog/Dog Interaction: Passed / Failed

Approved for adoption Staff initials: ____ Date: _____

729 E. Hoffer St. Kokomo Indiana 46902

Thank you for choosing to adopt!

Staff Notes:

Adopter Information

First Name: _____ MI: ____ Last Name: _____

First Name: _____ MI: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone (Home/Cell): _____ Phone (Emergency): _____

Place of Employment: _____ Phone: _____

"I am..." (Circle one): **employed full-time** **employed part-time** **attending school** **N/A**

Have you ever adopted from the Kokomo Humane Society before? **Y / N** If so, when? _____

Would you like to join our email list? (Circle one) **Yes** **No**

Would you like to receive an email about a trial of free Pet Insurance? **Yes** **No**

Household Information

Type of residence (e.g. house, mobile home, apartment): _____

This residence is... (Circle one): **Rented** **Owned** **With family/parents**

Landlord/Parents' Names: _____ Phone: _____

*If a rented apartment, name of apartment complex: _____

How long have you lived here? _____

Do you plan on moving in the next 6 months? **Y / N** In the next year? **Y / N**

How many individuals live in your current household?

Men _____ Women _____ Seniors _____ Children (please provide ages) _____

Do children visit your home frequently: **Y / N** If so, what ages? _____

Who in the household would be responsible for the care of your pet? _____

How would you describe your household? (Circle one)

very active **moderately active** **somewhat active** **quiet** **very quiet**

Do any individuals in the household have allergies/ asthma? **Y / N** What is the severity? _____

If so, what kind? **Dogs** **Cats** **Rabbits** **Other**

What other animals do you have in the household?

Type of animal/breed	Age	Sex	Spayed/Neutered	Adopted from KHS?
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No

Are all of your animals current on vaccinations? **Y / N**

What veterinarian do you use? _____

New Pet Information

How did you hear about this pet? **Friend Social Media Shelter visit KHS Event Other** _____

What is your reason for adopting your new pet?

Mouser companion family pet for children companion for other pet watch dog other _____

Where will your pet be kept during the day? _____ At night? _____

How many hours a day will your pet be left alone? _____

*For dog adopters: Is your yard fenced? **Y / N** What kind of fence? _____

*Are you prepared to spend time housetraining a dog if necessary? **Y / N**

*Will your dog be kept: **Indoors Indoor/Outdoor Outdoors**

*How will the dog be confined when outdoors? **Tied up Fence Kennel Doghouse Other**

All Adoptions

I agree that if for any reason I can no longer keep my pet that I will not sell or give it away, but I must return it to the Kokomo Humane Society.

Agree / Disagree

I understand that any pet adopted **MUST** be spayed or neutered and that the Kokomo Humane Society reserves the right to spay or neuter any animal, at any time, while in our adoption program.

Yes / No

I understand that (1) adopting this pet is a long-term commitment, (2) the Kokomo Humane Society reserves the right to refuse/reject my application at its discretion, (3) My signature on this application releases any information necessary to process this application.

Yes / No

It may not be known if an animal has been exposed to an illness or has a hidden injury or genetic disorder. Under these circumstances we cannot guarantee the health of any pet. We would not knowingly adopt or place an animal with a serious medical condition. You may have other basic medical concerns such as ear mites, internal parasites (worms), or external parasites (fleas). If your veterinarian should determine a more serious condition during the initial health exam, you may return the animal to the Kokomo Humane Society. You may choose to keep the pet, but all further costs are your responsibility. All refunds or exchanges are subject to the approval of the executive director.

Signature of applicant: _____ Date: _____