

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

**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

## 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?

**companion                      family pet                      for children                      companion for other pet**  
**mouser                      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: \_\_\_\_\_