



# PIKE COUNTY HUMANE SOCIETY ADOPTION APPLICATION

Thank you for considering adoption! Before you decide to adopt a pet, please consider the time, effort, and funds necessary to properly maintain an animal. Responsible pet ownership requires a commitment to provide care and companionship for the life of the animal.

The decision to adopt a pet is an important one. In order to ensure that you and your pet will be happy for years to come, we need to take time to discuss your and the animal's individual needs and personality traits. Please take a few moments to carefully read and complete this application. Please note there are no wrong answers. This is to ensure that the cat/dog you are interested in is a good fit for you and your home.

To qualify for adoption, you must:

- Be at least 18 years old and have a valid driver's license or state Identification Card stating your current address
  - Have the knowledge and consent of a landlord, if relevant

- Be able and willing to spend the time and money necessary to provide medical treatment, proper nourishment, care, and training for a pet

**Please note: We reserve the right to refuse adoption to anyone. Please be advised that we will not adopt to persons who mislead or fail to provide accurate information on this application.**

ARE YOU INTERESTED IN ADOPTING A DOG OR CAT? \_\_\_\_\_ IS THERE A SPECIFIC DOG/CAT YOU ARE INTERESTED IN? (NAME) \_\_\_\_\_

## Personal Information

Full Name \_\_\_\_\_

Address \_\_\_\_\_

How long at this address? \_\_\_\_ (Yrs.) \*If less than 2 years, list previous addresses for past 7 years:

Primary Phone \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_

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

Spouse/Partner Full Name: \_\_\_\_\_

Address \_\_\_\_\_

How long at this address? \_\_\_\_ (Yrs.) \*If less than 2 years, list previous addresses for past 7 years:

Primary Phone \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_

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

\*\*If you rent, please give landlord's name and phone number: \_\_\_\_\_

**(By providing this information you are allowing us to contact your landlord. Please inform them of this call so they will speak with us)**

## Family & Housing

List all members living in the household (names/ages/relationship to you).

Name	Age	Relationship	Other Info (optional)

## Current & Past Pets

Please list all of your current pets and pets owned in the past 5 years

Dog or Cat	Breed	Name	Age	M/F	Spayed/Neutered	Living or Deceased (reason)

**\*Please use back of application if you run out of space. We require ALL other animals in your home be up to date on vaccinations and spayed/neutered (unless you can provide a veterinarian letter stating reasons why a specific animal cannot be spayed/neutered).**

**Veterinarian**

Please list veterinarian that has seen your current pets, both past and present. If no vet, please contact local vets to be sure they are accepting new patients (many are not currently). List veterinarian you plan to use if none currently.

Veterinarian/Clinic Name: \_\_\_\_\_

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

Clinic Phone: \_\_\_\_\_

**(By providing us with this information, you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to us)**

**General Information**

Have you ever surrendered a pet?  Yes  No

If so, why? \_\_\_\_\_

Have you ever had a pet euthanized?  Yes  No

If so, why? \_\_\_\_\_

Have you ever lost a pet to an accident?  Yes  No

If so, explain: \_\_\_\_\_

Does anyone in the family have a known allergy to cats/dogs?  Yes  No

How do you discipline your pets and why? \_\_\_\_\_

Where will the cat/dog spend the day? (Describe) \_\_\_\_\_

Where will the cat/dog spend the night? (Describe) \_\_\_\_\_

Number of hours per day (average) cat/dog will spend alone? \_\_\_\_\_

Who will have primary responsibility for this cat/dog's daily care? \_\_\_\_\_

Who will have financial responsibility for this cat/dog? \_\_\_\_\_

Do you agree to provide regular health care by a Licensed Veterinarian?  Yes  No

Do you agree to keep the cat/dog as an indoor cat/dog?  Yes  No

For cats, do you plan to declaw?  Yes  No If Yes, why? \_\_\_\_\_

For dogs, when outside, how do you plan to supervise it? \_\_\_\_\_

Do you have a fenced yard?  Yes  No Height: \_\_\_\_\_

Do you agree to contact us if you can no longer keep this cat/dog?  Yes  No

Are you willing to let a representative visit your home by appointment?  Yes  No

**Personal References**

Please list 2 people who are familiar with both you and your pets.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship (relative, neighbor, friend, etc.): \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Pike County Humane Society. I agree to have this dog/cat reside INSIDE my home as a pet. I will provide it with quality dog/cat food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
PCHS Witness

\_\_\_\_\_  
(Date)

**Return Application to:**

Email: [pchsadoptions1@gmail.com](mailto:pchsadoptions1@gmail.com)