



The Dodge County Humane Society, Inc.

a 501(c) (3) not for profit organization

N6839 State Road 26 • Juneau, WI 53039

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www.dodgecountyhumanesociety.org email:office@dchs-wi.org

CAT ADOPTION APPLICATION

| | | | |
|---------------------------------------|-----------|--|----------------------------------|
| I AM INTERESTED IN ADOPTING A: | | | Message left for adopter: |
| <input type="checkbox"/> | Cat Name: | | |
| | | | Adoption date/time: |

| APPLICANT(S) | | | |
|------------------------------------------------|-------|-------------------------|---------------|
| Name of Applicant (Last, First, Middle) | | | Date of Birth |
| Address | | | Home Phone |
| City | State | Zip | Other Phone |
| Email ** REQUIRED ** | | Driver's License Number | |
| Name of Applicant (Last, First, Middle) | | | Date of Birth |
| Address | | | Home Phone |
| City | State | Zip | Other Phone |
| Email | | Driver's License Number | |

| ADOPTION POLICIES | |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <i>(Please initial each item to acknowledge)</i> | |
| | I certify that I am at least twenty-one (21) years old. |
| | I understand that there will be a waiting period of ATLEAST 24 hours after I submit the application, before I can take the animal home. |
| | I agree to have all members of the household meet the animal prior to adoption and approval of my application. |
| | I certify & understand that it is a REQUIREMENT that ALL of my current pets are spayed/neutered and have a current rabies vaccination. |
| | I understand that proof of home ownership (tax bill, mortgage coupon) or my landlord's verification is required. |
| | I understand that animals will be matched to the best home for that particular animal and not on a first come, first serve basis. |
| | I agree to return the animal to the Dodge County Humane Society if I can no longer keep it. |

EMPLOYMENT

| | |
|-----------|--------------------------------------------|
| Employer: | <input type="checkbox"/> Retired/Disabled? |
| Address: | Phone |
| | How Long? |
| Employer: | <input type="checkbox"/> Retired/Disabled? |
| Address: | Phone |
| | How Long? |

INFORMATION ABOUT YOUR HOUSEHOLD

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------|-------------------------------|
| Do You: | <input type="checkbox"/> Own | How long at this address? | |
| | <input type="checkbox"/> Rent | Name of Landlord: | Telephone: |
| Fenced in yard? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Fence Material: | |
| How many adults in household? | | How many children in household? | Ages: |
| This animal is for: <input type="checkbox"/> Myself/My Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend | | | |
| Is anyone in the house allergic to animals? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| What will happen to your pet if you move? | | | |
| How often do you travel? Where will pet stay when you are gone? | | | |
| Have you ever surrendered or given up a pet before? <input type="checkbox"/> NO <input type="checkbox"/> YES, please explain | | | |
| Have you adopted from a shelter or rescue group before? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, which shelter/rescue? |

LIST ALL PETS OWNED WITHIN LAST FIVE (5) YEARS

| Type/Breed | Name | Age | Spayed/Neutered? | Indoor/Outdoor | Still have? | How long owned? |
|------------|------|-----|----------------------------------------------------------|----------------|----------------------------------------------------------|-----------------|
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|--------------------------------------------------------------|----------------------------------------------------------|
| Are your current pet(s) licensed? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you keep identification tags on your pet(s) at all times? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are your pet(s) vaccinated for rabies? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

List the veterinary clinics you have used for the least 5 years

| | |
|------------|------------|
| Name: | Name: |
| Telephone: | Telephone: |

INFORMATION ABOUT YOUR NEW PET

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| This animal is for: <input type="checkbox"/> Myself/My Family <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Gift | |
| Why do you want to adopt this cat? _____ | |
| Have you adopted from a shelter or rescue group before? | <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, which shelter/rescue? |
| The average cat's lifespan is 15-17 years. Are you willing to commit yourself to this cat for its entire life? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| How much do you expect the yearly cost of a cat to be? (Routine care, vaccinations, food, etc..) | |
| If the cat became seriously ill, would you be able to care for him/her financially? | |
| Who will be the primary caregiver of the animal? | |
| How long will the animal be alone each day? | |
| Where will the animal be kept during the day? | |
| Where will the animal sleep at night? | |
| Will the animal be restricted from any areas of the house? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Will the animal be exposed to small children? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| How will you discipline your new pet if it misbehaves? | |

ALL APPLICANTS – EMERGENCY CONTACT INFORMATION

Please provide us with the name and telephone number of an emergency contact, in case your new pet becomes lost. This person should be someone not living in your household.

| | |
|-------------------|--|
| Name: | |
| Telephone number: | |

Please initial each statement, acknowledging that you have read each carefully:

| | |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | All the information I have provided in this application is complete and correct. |
| | I understand that falsely provided information can mean that my application will be terminated. |
| | I give permission to my veterinarian to release any vet records of my current/past pets to a Dodge County Humane Society representative. |
| | I agree to provide all my animals sufficient food, water and proper shelter at all times. |
| | I agree to provide all appropriate veterinarian care, in a timely manner, for all my animals. |
| | I release The Dodge County Humane Society Inc. from any liabilities I may incur from the adoption process. |
| | I will return the animal to The Dodge County Humane Society Inc. if I can no longer care for the animal or keep it. |
| | If I adopt an animal that is intact, I agree to have the animal spay/neutered within 90 days of adoption and to provide the Dodge County Humane Society with proof of sterilization. |
| | I understand that adopting this pet is a decision that is not made lightly. I am making a lasting commitment to this pet and I understand that he/she will depend on me for all of his/her needs for the rest of his/her life. |

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS APPLICATION

| | |
|-----------|------|
| Applicant | Date |
| Applicant | Date |

Note: If your spouse lives with you, he/she must be listed on application, and sign application

*****FOR HUMANE SOCIETY USE ONLY*****

| | | |
|----------------------------------------------------------------------|----------------------------------------------------------|------------|
| Homeowner verification | Date: | By: |
| Landlord verification | <input type="checkbox"/> YES <input type="checkbox"/> NO | By: |
| Left Message for L.L. | Date/Time: | Date/Time: |
| Vet Check By: | Animals altered? | |
| | Rabies vaccinations? | |
| | Comments | |
| Approved <input type="checkbox"/> YES <input type="checkbox"/> NO | Manager: | Manager: |
| | Date: | Date: |
| Adoptions restricted to: | | |
| Reason for denial: | | |