



## The Dodge County Humane Society, Inc.

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

210 Stoddart St. • Beaver Dam, WI 53916

Tel: (920) 887-7447 • Fax: (920) 887-7947

[www.dodgecountyhumanesociety.org](http://www.dodgecountyhumanesociety.org)

email:office@dchs-wi.org

### ADOPTION APPLICATION

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

APPLICANT(S)			
Name of Applicant (Last, First, Middle)			Date of Birth
Address			Home Phone
City	State	Zip	Other Phone
Email		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 there is normally a 24 hour waiting period after the application is filled out before I can take an animal home.
	I agree to have all members of the household meet the animal prior to adoption and approval of my application.
	I certify 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	
If you do not have any of the animals listed above, what happened to them?						

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 animal? (Circle all that apply)		
Companion    Hunting    Fighting    For Children    Guard Dog    Mouser    Farm Worker		
Agility/Obedience    Other _____		
Have you adopted from a shelter or rescue group before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, which shelter/rescue?
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?		

**CAT APPLICANTS:**

If you have a multiple cat household, the new cat will need to be introduced <b>SLOWLY</b> . They must be separated via a room and/or a cat cage for as long as necessary. This could take a significant amount of time. Are you willing and able to do this?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to add additional litter boxes in your home?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How often will you change the litter box?	
If cat will be let outside how will it be restrained?	

<b>DOG APPLICANTS:</b>	
Will this dog be kept indoors or outdoors?	
Are you willing to enroll your dog in obedience classes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How will you provide exercise/potty breaks?	<input type="checkbox"/> walks on leash <input type="checkbox"/> tie-out <input type="checkbox"/> Other:
What will you do if the dog has an accident in the house?	
Will you keep the dog on a chain or tie out without supervision?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you crate train your dog?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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 am financially and physically able to care for the pet I am considering adopting.
	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 30 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:		