



Adoption Application Hendricks County Humane Society

Vaccination/Medical Notes: _____

PET NAME _____

CAT or DOG M or F BREED _____

PRIMARY COLOR _____ **MICROCHIP #:** _____

SECONDARY COLOR _____

Date: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Wk Phone: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Emergency Phone: _____

Under 18 years of age? YES or NO

1) Have you ever surrendered a pet to this or any other shelter/rescue? **YES or NO** If yes, explain.

Please Circle the best answer to the following questions.

- 2) Are you looking for an **INDOOR - OUTDOOR - INDOOR/OUTDOOR** pet?
- 3) Do you have a fenced in yard? **YES or NO or Not Applicable**
- 4) Are you, or is anyone in your family allergic to pets? **YES or NO**
- 5) Why do you want a pet?
Companionship for me - Companionship for another pet - Protection - Watchdog - Mouser - Gift
- 6) Tell us about where you live. **Own House - Rent - Homeowners Association**
 If you rent, please give your landlords name: _____
 Landlords phone number: _____
 What are the landlords requirements for tenant pet ownership? _____
- 7) Number of people in your household? _____ Children? **YES or NO** Ages: _____
 Do you have children who visit your house frequently? **YES or NO**
- 8) The activity level in your home is? **Quiet - Active - Very Active**
- 9) What will you do with your pet if you go out of town? _____
- 10) What will you do with your pet if you move? _____
- 11) How would you handle potential problems like excessive meowing, barking, crate training issues, chewing, scratching, housebreaking, etc? _____
- _____
- _____

12) Please list a non-family reference and phone number that we may contact: _____
 _____ Phone: _____

13) Are you comfortable with us doing a home visit? **YES or NO** When is a good time? _____

14) What is your Veterinarian's Name? _____ Phone: _____
 Veterinarian's Address: _____

15) Are there any other animals this dog or cat must get along with? **YES or NO** If yes, list them.

CURRENT & PAST PETS

Name	Type— dog, cat, etc.	Spay/Neutered	Indoor/Outside	Years Owned	Current/Past
_____	_____	Yes or No	In or Out	_____	C or P
_____	_____	Yes or No	In or Out	_____	C or P
_____	_____	Yes or No	In or Out	_____	C or P
_____	_____	Yes or No	In or Out	_____	C or P
_____	_____	Yes or No	In or Out	_____	C or P