



Hendricks County Humane Society

Phone: 317/745-3338
Email: hchsinformation@gmail.com

3033 East Main Street, Danville, IN 46122
www.hendrickscountyhumanesociety.org

Adoption Application

Name: _____ Phone: _____

Address: _____ Wk Phone: _____

City: _____ State: _____ Zip Code _____

Emergency Contact: _____ Emergency Phone: _____

Email: _____

Are you at least 18 years of age? Yes No

1. Have you ever surrendered a pet to this or any other shelter/rescue? If yes, explain.

Please Circle the best answer/s to the following questions.

2. Are you looking for an “inside” pet, “outdoor” pet, or “indoor/outdoor” pet?
3. Do you have a fenced in yard? Yes No Not Applicable
4. Are you, or is anyone in your family allergic to pets? Yes No
5. Why do you want a pet? Companionship for me Companionship for pet
Protection Watch Dog Mouser Gift
6. Tell us about where you live. Own House Rent Homeowners Association
If you rent, please give your landlord’s name _____
7. Number of people in your household: _____ Children: Yes No Ages: _____
Do you have children who visit your house frequently? Yes 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 have to move? _____
11. Are there any other animals this dog or cat must get along with? Yes No
12. How would you handle potential problems like excessive meowing, barking, crate training issues, chewing, scratching, housebreaking, etc?

13. Do you currently have pets? Yes No (if yes, please describe on back)

Please list a non-family reference and phone number that we may contact _____

Current Pets

<u>Name</u>	<u>Type</u> (dog,cat,etc...)	<u>Spay/Neutered</u>		<u>Indoor/Outdoor</u>	<u>Years Owned</u>
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____

Your Veterinarian Name: _____

Address/Phone # _____