

# Humane Society of Logan County Adoption Application

We love the animals that are under our care. It is our responsibility to find a permanent and loving home for these animals. We do have adoption guidelines and we reserve the right to deny any application we feel is unsuitable. In order to be considered as an adopter you must:

1. Be 21 years of age or older
2. Have identification showing your present address
3. Be able to spend time to ensure a stable and loving environment for this animal. And have the financial resources necessary to provide medical treatment and proper care for your animal.
4. If renting must provide written permission from your landlord or rental agent

Animal interested in: \_\_\_\_\_

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

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

City, State, and Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you live in a: House: \_\_\_\_\_ Mobile home: \_\_\_\_\_ Apartment: \_\_\_\_\_

Do you own your home \_\_\_\_\_ Rent \_\_\_\_\_ Live with Parents/Friends \_\_\_\_\_

If you rent landlord's, Name \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived at your current address: \_\_\_\_\_

If less than 1 year, your previous address: \_\_\_\_\_

Are you currently employed: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of adults in your home: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Who will be responsible for the pet: \_\_\_\_\_

Is your yard completely fenced in: \_\_\_\_\_

Are you willing to housebreak a dog? \_\_\_\_\_

Will your pet be kept in the house: \_\_\_\_\_

Please list all the pets you have now:

Species	Age	Breed	Spay/Neutered
1.			
2.			
3.			
4.			

Name of your veterinarian: \_\_\_\_\_

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

Under what name is your account at your veterinarians office

\_\_\_\_\_

Have you ever adopted from a humane organization before? \_\_\_\_\_

If yes, name the shelter: \_\_\_\_\_

Have you ever released an animal to a shelter? \_\_\_\_\_

Which one? \_\_\_\_\_ How long ago \_\_\_\_\_

By signing this application, I certify that the information provided on this application is true, and I recognize that any misrepresentation of the facts may result in losing adoption privileges. I authorize investigation of all statement in this application, and I understand that veterinarians, landlords and other humane organizations may be contacted. I further understand that the adoption of this animal may be delayed until this application can be verified. If at any time, a representative from Logan County Humane Society and/or local authorities determine that the animal is being neglected or abused, this application will be void and ownership will revert back to Logan County Humane Society.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_