

Dog interested in: \_\_\_\_\_

Date App received: \_\_\_\_\_



## DOG ADOPTION APPLICATION

### HUMANE SOCIETY OF LOGAN COUNTY

In order to be considered for an adoption you must:

1. be 18 years of age.
2. have a valid identification with present address.
3. have the knowledge and consent of all adults living in your household.
  - \* If renting, you must provide written permission from your landlord or rental agent.
  - \* If living with parents or other adults, you must provide written permission from your parents or other adults.
4. ensure a stable and loving environment with the financial resources to provide medical care and proper care as needed.
5. understand that completing this application does not guarantee adoption and that the Humane Society of Logan County must approve your application.

Name of applicant: \_\_\_\_\_

Print names of all adults in the home: \_\_\_\_\_

Print the names and ages of all children in the home: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

I live in a (circle one) House Mobile home Apartment Other, explain \_\_\_\_\_

I (circle one) Own Live with parents or friends Rent

\_\_\_\_\_ If you rent, you must provide written permission from your landlord or rental agent.

\_\_\_\_\_ If living with parents or other adults, you must provide written permission from your parents or other adults.

How long have you lived in your present address? \_\_\_\_\_ If less than one year, what was your previous address? \_\_\_\_\_

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

Who will be responsible for the dog? \_\_\_\_\_

The dog will be kept (circle one) Inside Outside

If outside, explain circumstances. \_\_\_\_\_

Is the yard fenced? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain type of fence and size of area fenced. \_\_\_\_\_

Are you willing to housebreak a dog? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list all of the pets you presently have:

	Species	Name	Age	Breed	Spay/Neutered
1.	_____	_____	_____	_____	Yes No
2.	_____	_____	_____	_____	Yes No
3.	_____	_____	_____	_____	Yes No
4.	_____	_____	_____	_____	Yes No

Name of your veterinarian. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Under what name is your account at the veterinarian's office? \_\_\_\_\_

Have you ever adopted from a humane organization before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what is the name of the shelter? \_\_\_\_\_

Have you ever released an animal to a shelter? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which one and 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 statements 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 the Animal Affairs Chairperson of the Humane Society of Logan County and/or local Animal Control authorities determine that the animal is being neglected or abused, this application will be null and void, and guardianship of the animal will revert back to the Humane Society of Logan County.

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

------(OFFICE USE)-----  
\_\_\_\_ Signed and dated Release of Information Form

Verification: Address checked: \_\_\_\_\_ Type of home: \_\_\_\_\_  
If rent, landlord written approval \_\_\_\_\_ If other adults, written approval \_\_\_\_\_  
Veterinarian check: Contact name: \_\_\_\_\_ Date: \_\_\_\_\_  
Current vaccinations: \_\_\_\_\_  
Humane organizations checked: Contact name \_\_\_\_\_ Date: \_\_\_\_\_  
Previous adoptions: \_\_\_\_\_ Previous relinquishments: \_\_\_\_\_  
Other verifiable information: \_\_\_\_\_

Application Approved: \_\_\_\_\_  
Application Withdrawn: \_\_\_\_\_  
Application Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_ Packet of information has been given to the applicant at the time of adoption

Name of dog adopted: \_\_\_\_\_ Intake #: \_\_\_\_\_

Adoption Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature indicates all of the above has been verified)