



HUMANE SOCIETY OF LOGAN COUNTY
Adoption Application

Animal Name: _____ Cat _____ Dog _____ Date Application Received _____

In order to be considered for an adoption, you must:

1. Be 18 years old.
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 have written permission from your parents or other adults.
4. Ensure a stable and loving environment with the financial resources to provide medical care and other 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 names and ages of all children in the home: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____ Employer's Name: _____

I live in a (circle one): House Mobile Home Apartment Other, explain: _____

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

_____ If you rent, which includes a mobile home, 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 at your present address? _____

List all cities, states and counties you have lived in the last 5 years:

Year: _____ City: _____ State: _____ County: _____

Year: _____ City: _____ State: _____ County: _____

Year: _____ City: _____ State: _____ County: _____

Year: _____ City: _____ State: _____ County: _____

Who will be responsible for the animal? _____

This CAT / DOG will be kept (circle one) **INSIDE** **OUTSIDE**. If outside, please explain circumstances: _____

Do you have a fenced yard? Yes ___ No ___ Height: _____

Please list all of the pets you presently have or have had in the past five years:

Name	Species	Age	Breed	How long owned?	Spayed/ Neutered?	Why you no longer have pet

Name of your veterinarian: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Under what name is your account at this 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

By signing this application, I certify that all the information provided on this application is true, and I recognize any misrepresentations of the facts may result in losing adoption privileges. I authorize investigation of all statements in this application, and I understand that veterinarian's, 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. I release any and all information regarding my character, reference, treatment of animals and other relevant information about my ownership of animals. This release shall have no expiration date and may only be revoked by me in writing. I further agree to hold the releaser of information harmless from any information released pursuant to this release of information request. If at any time the HSLC 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 ___/___/___

HSLC OFFICE USE ONLY

Animal interested in _____ Cat _____ Dog _____
Animal Intake # _____
Date Application Received _____

_____ Signed and dated Release of Information Form

Home Verification

Address Checked: _____ Type of Home: _____

If rent, landlord written approval: _____ If other adults, written approval: _____

Veterinarian Verification:

Contact Name: _____ Date: _____

Humane Organization Verification

Contact Name: _____ Date: _____

Previous Adoptions: _____

Previous Relinquishments: _____

Other Verifiable Information: _____

Status

Application Approved: _____ Application Withdrawn: _____ Application Denied: _____

Reason for Denial: _____

_____ Packet of information has been given to applicant at time of adoption.

HSLC Animal Care Coordinator Signature: _____ Date: _____

*Signature indicated all of the above has been verified.