



Animal Interested in: _____

___ Cat ___ Dog

Date Application Received: _____

Humane Society of Logan County Adoption Application

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

1. Be at least 18 years of age
2. Have 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 the 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? _____

If less than one year, please provide previous address: _____

Who will be responsible for the animal? _____

The (circle one) CAT / DOG will be kept (circle one) INSIDE / OUTSIDE

If outside, please explain circumstances:

Please list all of the pets you presently have or have had in the past 5 years.

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

Name of your veterinarian: _____

Address: _____

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

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(s): _____

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 all the information provided on this application is true, and I recognize any misrepresentation 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 this release 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 Number: _____

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: _____

Current vaccinations: _____

Humane Organizations Verification

Contact Name: _____ Date: _____

Previous Adoptions: _____

Previous Relinquishments: _____

Other verifiable information: _____

Status

Application approved: _____

Application Withdrawn: _____

Application Denied: _____ Reason: _____

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

Adoption Counselor Signature: _____ Date: _____

*signature indicates all of the above has been verified.