



## Adoption Application

DATE OF APPLICATION: \_\_\_\_\_

Name of pet(s) you are interested in adopting: \_\_\_\_\_

### **Personal Information:**

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

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

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License/I.D. #: \_\_\_\_\_

What is your family's lifestyle? \_\_\_\_\_ Active and on the go \_\_\_\_\_ Quiet and relaxed  
\_\_\_\_\_ Entertain frequently \_\_\_\_\_ Lots of kids in and out \_\_\_\_\_ Travel frequently

Do you have children living in the home? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list name(s) and age(s):

Name	Age

**Home Information:**

How long have you lived at your current address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Do you rent or own? \_\_\_\_\_ Rent \_\_\_\_\_ Own

If you rent, provide Landlord name and phone: \_\_\_\_\_  
\_\_\_\_\_

Do you have permission from your landlord to have an animal? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you aware of pet deposit and monthly fees (if any) required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you consent to a home check? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please complete the appropriate questionnaire.**

**Dog:**

Do you have a fenced yard?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, type of fence and height

\_\_\_\_\_  
\_\_\_\_\_

If no, are you prepared to walk your dog multiple times daily in spite of weather conditions (cold, hot, rain, snow, etc.)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Why did you decide to adopt a dog?

\_\_\_\_\_  
\_\_\_\_\_

Who will be responsible for the care of the dog?

\_\_\_\_\_  
\_\_\_\_\_

How many hours per day will the dog be alone?

\_\_\_\_\_  
\_\_\_\_\_

Where will the dog stay when no one is home?

\_\_\_\_\_  
\_\_\_\_\_

**Cat:**

Will the cat have access to outside?

\_\_\_ Yes \_\_\_ No

Do you plan to declaw the cat?

\_\_\_ Yes \_\_\_ No

Why did you decide to adopt a cat?

\_\_\_\_\_  
\_\_\_\_\_

Who will be responsible for the care of the cat?

\_\_\_\_\_  
\_\_\_\_\_

Will the cat have free roam of the house?

\_\_\_ Yes \_\_\_ No

Who will care for the cat when you are out of town?

\_\_\_\_\_  
\_\_\_\_\_

How often will you exercise/play with you cat?

\_\_\_\_\_  
\_\_\_\_\_

Does anyone in the home have an allergy to cats?

\_\_\_ Yes \_\_\_ No

**Under what condition(s) would you have to return your adopted animal?**

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**Current & Previous Pets Information:**

- List all pets owned within the last five (5) years.

Name	Breed	Age	Check if Current	Spayed/Neutered
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No

**Veterinarian Information:**

Clinic Name: \_\_\_\_\_ Veterinarian's Name: \_\_\_\_\_

Person's Name on the Records: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Length of time with this clinic: \_\_\_\_\_

***Please be advised that your Veterinarian's Office may require you to consent to a release of information to the Hopkins County Humane Society.***

***Understand that we can not process your application until we can verify your Vet records.***

## Agreements for Adoption:

\*Please initial beside each Point.

\_\_\_\_ I am prepared to make a 10 to 15-year commitment to my adopted animal.

\_\_\_\_ I will keep my adopted animal up-to-date on Rabies Vaccine as required by Kentucky State Law KRS 258.015

\_\_\_\_ I will provide flea/tick control as needed.

\_\_\_\_ I will work with my vet and agree on a regular schedule for wellness visits, inoculations, and any other tests we agree are necessary for the health and well-being of my adopted animal.

\_\_\_\_ I will not permit my adopted animal to run at large or off of my property.

\_\_\_\_ If, for any reason, I am unable or unwilling to keep my adopted animal, I agree, to return the animal to the Hopkins County Humane Society. I will not give the animal away, place him/her with another person of family member, or sell the animal to any other person without the express permission of the Hopkins County Humane Society.

\_\_\_\_ I attest that I am not adopting this animal as a gift for anyone outside of the home I currently reside.

\_\_\_\_ I am financially able to provide routine and emergency care for the adopted animal, for his/her lifetime. This includes but is not limited to food, boarding (if necessary), regular vet care & vaccinations, internal worm preventative and flea and tick preventative.

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

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

Signature: \_\_\_\_\_

**Thank you for your interest in our pets!**

Please submit your completed Adoption Application back to us either via email or by bringing it into our office.

It can take 24-48 hours to process your application.