



HUMANE SOCIETY OF GENESEE COUNTY Adoption Application

This application must be completed by the person with whom the animal(s) will be living and who will take legal responsibility for the animal. Applicants must be 18 years of age or older.

Please Print

Name _____ Date _____ Date of Birth ____ / ____ / ____ Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Place of Employment _____ Work Phone _____

1. What are you adopting today? Puppy ___ Dog ___ Cat ___ Kitten ___ Other _____
2. Please check all of the following reasons you would like to adopt this pet: Barn ___ Breeding _____
Companion ___ Family pet ___ Gift (specify) ___ Guard Dog ___ Hunting _____
Mouser _____ Other _____
3. Is this your first experience with a pet? Yes/No (Would you like additional counseling about pet ownership?) ___
4. How many pets have you owned in the past 3 years or have lived in your home (include current pets)? _____

Sex	Pet's Name	Breed	Age	Sterilized Yes/No	Current on shots?	Veterinarian Used?	

5. Do you have a veterinarian? ___ If yes, who is your veterinarian?
6. Where do your current pets live and sleep?
7. Will this pet be left alone on a regular basis? ___ Approximately how many hours per day?
8. How many people currently live in your household? ___ Do they all know about this pet?
9. In the past 3 months, have you had a pet that contracted parvovirus, distemper, leukemia, or an unknown illness?
Is that pet still living? _____
10. Please check your living arrangements: rent an apartment / condominium ___ rent a house ___ rent a trailer
own a condominium ___ own a house _____ own a trailer ___ live with parents ___ rent to own
11. If you rent your apartment /house/ trailer, what is your landlord's telephone number?
Do you have a copy of your lease that specifies that you can have a pet in your home?
12. Where will your pet be when it is outside for exercise: Kennel ___ Fenced in yard ___ On a leash ___ on a
13. Where will this pet live and sleep?
14. Are you aware of the time and expense involved in owning a pet?
15. What are your personal views on spaying / neutering animals?
16. Have you ever brought animals into this shelter? _____ If yes, why?
17. Do you understand that the Humane Society of Genesee County does not guarantee the health of its animals and that additional medical care, at your expense, may be necessary? Yes / No

Applicant's Signature _____

NOTICE: The Humane Society of Genesee County reserves the right to deny any application for adoption.

For Office Use Only

Driver's License # _____ Information checked by _____

Approved

Animal ID# _____ Breed _____ Sex _____ Age _____

Spayed / Neutered _____ Sterilization Date _____ Animal's Name _____

Denied _____ Reason if denied: _____

Adoption Counselor's Checklist and Notes:

Computer check for previous adoptions _____

Vaccinations & worming explanation _____

Heartworm testing & preventative explanation (if necessary) _____

Feline Leukemia testing & vaccination explanation (if necessary) _____

Complimentary veterinary exam _____

Adoption contract _____

Sterilization contract (if necessary) _____

Golden friendship (if necessary) _____

Crate training explanation (if necessary) _____

Pet's adjustment to new home and current pets _____

Fenced yard yes no NA

Landlord approval checked files _____ left message date yes no NA

Parental approval left message date: _____ yes no NA

Notes / Comment:

.....
.....

Adoption Call Back to be done 7-10 days after adoption

Call back: _____ Date: _____ Time: _____ Left Message: _____ Done by: _____

Comments / Problems: _____

Solutions / Advice offered: _____

How was their adoption experience? Excellent Good Fair Poor

Has the pet been to its first veterinary appointment? Yes No

Which vet? _____