

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	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)