



Adoption Application

Name: _____ Spouse's Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Home Phone: _____ Cell/Work Phone: _____ Ext. _____
 Email: _____ Personal Work Other

Check your type of residence: Owned Home Rented Home Owned Condo
 Rented Apartment Rented Condo Mobile Home With Parents
 Military Housing Dormitory Other: _____

If renting, do you live in an apartment complex? Yes No
 Name of Complex: _____

Landlord/Parent's Name: _____ Phone: _____

How long have you lived at your current residence? _____

Do you plan to move in the next 6 months? _____ a year? _____

Are you:
 Employed Full-time Employed Part-time Attending School

How many people are living in your household?

Adults _____ Men _____ Women _____ Seniors _____

Young children (under 8) _____ Older Children (8 +) _____

How many children visit your house frequently? _____ Ages: _____

Who in the household would be responsible for the care of a pet? _____

How would you describe your household?
 Very active Moderately Active Somewhat Active Quiet Very Quiet

Do any of the children or adults in your household have allergies/asthma? Yes No

If so what kind? Dogs Cats Rabbits Other

Are the allergies: Mild Moderate Severe

Have you ever adopted a pet from the Kokomo Humane Society? Yes No

If so, when? _____

Do you still have the animal? Yes No

If not, what happened with the animal? _____

How many animals do you have currently? _____

Type of animal	Name	Age	Sex	Spayed/ Neutered
				Y N
				Y N
				Y N
				Y N

Are all of your animals current on their vaccinations? Yes No

What veterinarian do you use? _____
City _____ State _____
Phone _____

Cat Adoptions Only

For what Purpose are you adopting a cat?

Companion Family Pet For the Children Companion for another cat
Mouser Gift Other _____

Where will the cat be kept during the day? _____ at night? _____

How many hours will the cat be left alone each day? _____

Dog Adoptions Only

What are your reasons for adopting a dog?

Family Pet Guard/watchdog Companion For the Children
Gift Breeding Hunting Companion for another dog
Other _____

Will the dog be kept:

Indoors Indoor/Outdoor Outdoors

How will the dog be confined when outdoors;

Tied-up Fence Kennel Doghouse Other _____

Is your yard fenced? Yes No What kind? _____

How much time are you able to spend each day interacting with a dog? _____

Are you prepared to spend time housetraining a dog if necessary? _____

All Adoptions

I agree that if for any reason that I can no longer keep my pet that I will no sell or give it away, but I must return it to Kokomo Humane Society. Yes No

I understand that pets can cost up to \$500 each year for basic care and nutrition and that pets require regular veterinary visits and I understand that pets can live up to 15 years or longer. Yes No

I understand that any pet adopted MUST be Spayed or Neutered and that Kokomo Humane Society reserves the right to spay or neuter any animal, at any time, while in our adoption program. Yes No

It may not be known if an animal has been exposed to an illness or has a hidden injury or genetic disorder. Under these circumstances we cannot guarantee the health of any pet. We would not knowingly adopt or place an animal with a serious medical condition. You may have other basic medical concerns such as ear mites, internal parasites (worms) or external parasites (fleas). If your veterinarian should determine a more serious condition during the initial health exam, you may return the animal to the Kokomo Humane Society. You may choose to keep the pet, but all further costs are your responsibility. All refunds or exchanges are subject to the approval of the executive director.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Drivers License #	Other ID:	
State:	D.O.B.	
Proof of Address Received: <input type="checkbox"/> Yes <input type="checkbox"/> No What Form: _____		
Landlord Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> called & left message Date: _____ Verified by: <input type="checkbox"/> phone <input type="checkbox"/> lease <input type="checkbox"/> other: _____ <input type="checkbox"/> called & no answer Date: _____		
<input type="checkbox"/> Approved for Adoption Staff Initials: _____ Date: _____	<input type="checkbox"/> Denied Reason: _____ ID# _____	<input type="checkbox"/> Pending Reason: _____ ID# _____
<input type="checkbox"/> Conditional Approval <input type="checkbox"/> Good with Children <input type="checkbox"/> Outdoor Animal <input type="checkbox"/> Other: _____ <input type="checkbox"/> Good with Dogs <input type="checkbox"/> Size Limitation _____ <input type="checkbox"/> Good with Cats <input type="checkbox"/> Cat only <input type="checkbox"/> Declawed only		

Adoption Completion

Date of Adoption	Animal ID#	People ID#	Staff Initials
<input type="checkbox"/> Adult Dog <input type="checkbox"/> Puppy <input type="checkbox"/> Adult Cat <input type="checkbox"/> Kitten <input type="checkbox"/> Other: _____	Animal Name: Description:	Comments:	