



Adoption Application

690 W. Mitchell Ave.
Martinsville, IN 46151
(765) 349-9177

Animal Information:

I am interested in adopting a: Dog Cat

If you are looking for a cat would you prefer declawed? Yes No

Have you found an animal that you are interested in adopting on our website, Facebook page, or our Petfinder page? Yes No

If Yes, what is the animal's name? _____

What qualities are you looking for in your new pet?

- | | |
|---|---|
| <input type="checkbox"/> Good with Dogs | <input type="checkbox"/> Animal that has waited the longest |
| <input type="checkbox"/> Good with Cats | <input type="checkbox"/> Senior Animal |
| <input type="checkbox"/> Good with Children | <input type="checkbox"/> Animal with Special Behavioral Needs |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Animal with Special Medical Needs |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Social Butterfly |

Will your new pet be housed indoors, outdoors, or both? _____

If being housed outdoors or both, what type of outdoor housing will you provide for your new pet?

How do you plan to contain your pet when it is outside?

- physical fence/kennel electric fence leash walks tie out chain free roam

Adopter Information:

First Name _____ Last Name _____

Address _____

Apt # _____ City _____ State _____ Zip Code _____

Phone number _____ Email _____

Are you at least 18 years old? Yes No

Do you own or rent your home? _____

Do you live with a Parent or Homeowner? Yes No

If you rent, are there any breed restrictions? Yes No

(check your lease or ask your landlord prior to adoption! It will save you the heartache!)

Renters: there may be a pet deposit and monthly fees, are you willing to pay them? Yes No

(pet deposits are often \$200+ and monthly fees can range from \$10-100 added to your monthly bills)

Landlord name and phone number:

Do you have other pets in the home? Yes No

If Yes, please tell us about them (name, species, breed, age, sex, spayed/neutered, can you provide proof of current vaccinations?)

Veterinarian Office: _____ Phone Number: _____

Are there any children that live in the home/visit often? Yes No

If Yes, please list the ages of the children: 0-3yrs 3-6yrs 6-9yrs 9-12yrs 12+yrs

Do you understand that any animal can be provoked to bite? Yes No

If you must move in the future, will you make arrangements and find proper housing so that your pet can go with you? Yes No

Do you understand any pet you adopt may require a decompression period of around 3 months? And that during that time patience and a calm environment may be necessary? Yes No

By signing below, I certify that all information I have provided in this application is true and correct to the best of my knowledge. I also acknowledge that falsification of the above can result in a denial of my application/adoption. I understand that Morgan County Humane Society has the right to refuse an adoption at any time to anyone. I also understand that all of this information is considered to be public record and if requested must be released, per the Access to Public Records Act.

Applicant Signature _____ Date _____

