

# **Marion Grant County Humane Society**

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[marionhumane@gmail.com](mailto:marionhumane@gmail.com)

[http://www.petfinder.com/pet-search?shelter\\_id=IN112](http://www.petfinder.com/pet-search?shelter_id=IN112)

## **Adoption Application**

### **PLEASE READ CAREFULLY!!**

Thank you for taking the time to fill out our questionnaire. The purpose of this application is to learn a little about your family and home so our organization can make the best possible match for both you and our rescue animal. Our main concern is placing our animals in a compatible home with a family that will give them a LIFETIME commitment of love and proper care. This consultation process is designed to help us determine if the adoption is in the best interest of both the animal and the adopter. Please be aware that while completing this application does not bind you to adopt one of our animals, neither does it guarantee that we will place one of our animals in your home at this time. If you are interested in learning more about one of our shelter animals, please answer the questions honestly and thoroughly.

Some animals may need extra time and patience to adjust to yet another new home. Some may need housetraining or other types of training and some may just need a little extra time and understanding. All animals regardless of their background and history go through an adjustment period when they go into a new environment. There will be a period of a few days, weeks or in some cases months during which your new pet's personality is emerging and growing while you get to know one another. Please remember that this is a stressful time for an animal and hopefully we will be able to work together to make this a lifetime relationship for you and your rescued pet. You can call on us at any time to help you in any way. With this in mind, please answer the questions on the application to the best of your ability.

We reserve the right to refuse adoption to anyone for any reason. A represented of our group may conduct a home visit prior to the following adoption and our group has the right to reclaim an animal following an adoption if unsuitable home conditions, evidence of neglect, abuse or other mistreatment of an animal are establish.

IN ORDER TO BE CONSIDERED AS AN ADOPTER YOU MUST:

- Be 21 years of age or older.
- Having identification showing your present address.
- Have the knowledge and consent of your landlord.
- Be willing to have a rescue represented visit your home by appointment.
- Be able and willing to spend the time and financial resources to provide training, medical treatment and quality care for the life of this animal.

Date:

Name:

Age:

Address:

Contact Phone:

Work Phone:

Email Address:

Best time to contact you:

1. Is there a specific dog or cat you are interested in adopting?
  
2. If no, please tell us what pet you are looking for:

## Dwelling Information

3. Names of all people living in the residence: Ages:
  
4. What type of dwelling do you live in: house, apartment, condo, mobile home, etc.
  
5. How long have you lived at this location?
6. Do you own or rent:
7. If you rent, what is your landlord's Name and number?
  
8. Describe your fenced yard; type, height, location from house:

## Pet Information

9. What pets do you currently have; Type of pet, breed, age of pet, is the pet altered (spayed or neutered), is the pet an indoor or outdoor pet?
  
10. Are your pets up to date on vaccinations and parasite and heartworm prevention? What brand of heartworm prevention is used?

## References and Veterinarian Contact

11. Name and contact information for your veterinarian clinic. Please contact this clinic and give permission to release information to the Marion Grant County Humane Society representative:

12. Reference #1: Provide name and contact phone number for a personal reference:

13. Reference #2: Please provide name and contact number for a personal reference:

14. What animals have you owned in the past? Where are they now?

15. Have you ever lost a pet, surrendered a pet to a shelter/rescue, given a pet away? Please explain the circumstances.

16. How many hours a day will this pet be left alone?

17. Where will the pet be kept during the day? During the night?

18. Please describe your exercise and socialization plan for this pet;

19. Please describe your house training method for this pet:

20. Excluding your death what conditions or circumstances would cause you to give up this pet?

21. Will you allow a MGCHS representative to do a home visit before the adoption is approved?

I the undersigned applicant, hereby authorize my veterinarian to release all medical records for any and all of my animals treated at their facility. THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFYING ANSWERS ON THIS APPLICATION, OR AT ANY OTHER TIME DURING THE ADOPTION PROCESS, DISQUALIFIES ME FROM ADOPTING THIS PET.

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Signature

Date