



Humane Society of Sheboygan County Adoption Application



*NOTE: YOUR CURRENTLY OWNED PETS WILL NEED TO BE UP TO DATE WITH THE RABIES VACCINATION, WHEN APPROPRIATE, IN ORDER TO ADOPT ANOTHER ANIMAL.

PLEASE PRINT CLEARLY - IF WE CAN'T READ IT, WE CAN'T APPROVE IT!

Today's Date: _____ Cat's Name: _____ Tag No: _____

Adopter's Name: _____ M.I.: _____ Date of Birth: _____ Age: _____

Address: _____

(Select one) City Town Village of _____ Zip Code: _____

Driver's License: _____ OR-Photo I.D.: _____

Home Phone Number: _____ Work Phone Number: _____ Cell Phone Number: _____

Email Address: _____

***List other adults (18 years or older) living in your household (provide first & last names, middle initial & date of birth)**

Number of Children living with you _____ Ages: _____

Do you Rent _____ or Own _____: a House _____ Condo/Town Home _____ Mobile Home _____ Apartment _____

If you rent, landlord/complex name: _____ Phone Number: _____

Are you planning to move in the next six months? Yes _____ No _____

LIST ALL PETS CURRENTLY LIVING IN YOUR RESIDENCE

Pet's Name	Pet Type & Breed	Sex	Spayed or Neutered?	Kept Where?	Age of Pet?	Microchipped?
_____	_____	_____	yes no	In Out Both	_____	_____
_____	_____	_____	yes no	In Out Both	_____	_____
_____	_____	_____	yes no	In Out Both	_____	_____
_____	_____	_____	yes no	In Out Both	_____	_____

List Present Veterinarian/Clinic: _____ & Previous Veterinarian(s)/Clinic used: _____

Under what name (including maiden name) are/were your pets listed? _____

Do you plan on declawing your cat? Yes _____ No _____ FRONT _____ or ALL FOUR _____ Is this a requirement of your lease? Yes _____ No _____

Will your cat be let outdoors: Yes _____ No _____ If yes, please explain: _____

Have you ever given away or surrendered an animal before? Yes _____ No _____ If yes, when? _____ Please explain: _____

If you move and decline to find a pet friendly home or are ever unable to care for your adopted cat, you MUST return him/her to the Humane Society of Sheboygan County. Any friends or family members willing to care for the cat may speak with us at that time. This ensures that the cat will be placed in the best home possible and that all veterinary records, microchip information etc. are properly and legally changed. _____ (initials)

APPLICATION COMPLETION DOES NOT MEAN YOU ARE GUARANTEED ADOPTION APPROVAL!

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting a pet. I understand that I authorize investigation of all statements in this application, including the release of any and all veterinary records pertaining to me or my pet (s).

→Applicant's Signature: _____ Date: _____