



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: _____ Dog'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? _____

Have you ever applied for an animal, or adopted from us before? Yes _____ No _____ If yes, when? _____

Have you ever had to give away or surrender 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 dog, you MUST return him/her to the Humane Society of Sheboygan County. Any friends or family members willing to care for the dog may speak with us at that time. This ensures that the dog 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: _____

Perfect Match Questionnaire

What made you choose to adopt from HSSC? _____

What characteristic is MOST IMPORTANT for your new dog to have? (Playful, Calm, Size, Looks etc.) _____

What tendencies and qualities are you looking for in a dog? (Check all that apply)

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Independent | <input type="checkbox"/> Outdoor Dog | <input type="checkbox"/> Mellow/Easy Going | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Social Butterfly | <input type="checkbox"/> Playful/Active | <input type="checkbox"/> Lap Dog | |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Already Children/Kid Friendly Dog | | |
| <input type="checkbox"/> Fairly Trained Per Shelter Setting (doesn't need much training) | | <input type="checkbox"/> Willing to Train & Work With Dog as Much as Needed | |

What behavior(s)/habits would NOT be acceptable to you? (Please list all) _____

On average, how much time are you able to spend daily with your new companion? _____

Where will the dog be kept during the day? _____ At Night? _____

How would you describe your home?

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Grand Central Station! | <input type="checkbox"/> Active/Somewhat Busy | <input type="checkbox"/> Quiet |
|---|---|--------------------------------|