



Humane Society of Sheboygan County Adoption Application



Please read the following carefully and Initial:

HSSC places animals on a first come, first serve basis. After an animal that is available for adoption has been met with, the animal's name can be put on an application. I understand that the animal I am applying to adopt must be adopted the same day or within 24 hours of the animal being placed on my application. Exceptions will be made if any animal needs a medical procedure, but then will need to be adopted within 24 hours of being cleared from that procedure. HSSC reserves the right to accommodate alternate timelines for special needs/ behavioral issue animals.

I understand that it is my responsibility to communicate with my landlord for approval of the animal I am applying for and to pay any necessary deposit required of my rental agreement. _____ (initials)

PLEASE PRINT CLEARLY

Today's Date: _____

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

Where will the critter be housed? Inside ___ Outside ___

What type of housing/cage set-up do you plan on using? _____

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 any veterinary records.

→ Applicant's Signature: _____ Date: _____