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Approved _____
Denied _____
Reason _____

Date _____

ADOPTION APPLICATION

GRANT COUNTY HUMANE SOCIETY

Date: _____ Animal Name/Description: _____

Where did you hear about this pet? _____

Why do you want to adopt this pet? _____

This questionnaire is intended as a guide to assist you in analyzing all the ways a new pet will impact your life, and also to determine if the one in question is the right match for you and your lifestyle. All of the questions concern various aspects of pet ownership that should be given serious consideration before deciding to share your life with any new pet addition(s). The information provided on this application will help us to find the best possible match between you and the pets available through the Grant County Humane Society. Completed applications do not ensure adoption approval for specified or any animal.

Your Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Alternate #: _____

E-mail address: _____

Name of Employer: _____ Length Employed: _____

Please list the full names of anyone else 18 years + that will be living with the animal, and year of birth:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Please list the pets you **currently** own and/or are living at your residence:

Animal's Name	Type of Pet & Breed	Age	Sex	Spayed/Neutered	Length of Ownership
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are all current pets up to date on vaccines? Yes No N/A

List Veterinarian Used For Current/Past Pets:

Clinic Name: _____

Phone #: _____

If pet(s) are under a different owner name please list: _____

Please list any pets you have owned in the last 5 years not currently living with you:

Name and Type of Pet	Length of Ownership	Where is your pet now?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain why ownership was transferred: _____

Children

Will young children be living with you? Yes No List ages: _____

Have these children been around animals before: Yes No

Are you prepared to supervise your children when they interact with this animal? Yes No

Who will provide for this animal in your absence (consider vacations, business trips etc.)?

Does anyone in your household have allergies to animals? Yes No N/A

If so, how will you cope with this and what will happen to the animal? _____

Will someone else not with you today share in the care of this animal? Yes No

If yes, does this person know of your desire to adopt this animal? Yes No

Are you willing to provide veterinary care, grooming, emergency expenses, supplies and food for the care of this animal? (These expenses can add up to hundreds of dollars each year) Yes No

Your Residence

Please be aware that if you are currently renting we will need your landlord's name and phone number or written proof from your landlord before application is considered for approval.

Do you rent or own? Own Rent

If renting, please list name and phone number of landlord: _____

Length of time you have lived at this address (years/months): _____

Is there a chance you will move in the future? Yes No If so, are you willing to restrict your choice of housing to places where the animal is allowed? Yes No

Does your Home Owner's Insurance allow for all dog breed types? Yes No

If no, are you willing to find a company that does allow this breed of dog? Yes No

Do you know your cities ordinances/licensing procedures? Yes No

Dogs

Where will this dog spend most of its time? Indoors Outdoors In & Out

If outside what is your shelter? _____

How much time will the dog spend outside? _____

Do you have a fenced yard? Yes No List type & height: _____

If no, do you have a kennel area? Yes No

If you do not have a kennel or fence, how do you plan to keep this dog confined to your property?

Where will the dog sleep at night? _____

Cats

Do you plan for this cat to be: Indoor Only _____ Outdoor Only _____ In & Out _____

If outside what is your shelter? _____

Where will the cat sleep at night? _____

All pets will need time to adjust to a new family and may require housetraining and/or behavior training to correct problem behavior. Are you prepared to work with these behaviors? Yes No

Information regarding the history, health and behavior of adopted animals may not be available or accurate.

What behavior(s) will you be unwilling to work with? _____

What reason(s) might cause you to return this pet? _____

References

Please list 2 **NON** relative references that we may contact on your behalf. This should be someone that knows you and can provide insight on your character, how you feel about pets, and how you treat them etc. Please notify them of our intentions to call as that will accelerate the application process.

Name: _____ **Phone #:** _____

Email address: _____ **How do they know you:** _____

Name: _____ **Phone #:** _____

Email address: _____ **How do they know you:** _____

I understand by signing this contract, I assume all the rights and responsibilities as a pet owner if approved for adoption. Grant County Humane Society will not be held liable for any damages, i.e. personal property, accidents, bodily injury, etc., by the animal(s) while in your care. Completion of this contract does not guarantee adoption approval.

_____/ _____
SIGNATURE **PRINT NAME**