

Holt Co Animal Shelter  
Adoption Application

Date: \_\_\_\_\_ Name of pet interested in: \_\_\_\_\_

PERSONAL INFORMATION

Name \_\_\_\_\_ Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

EMPLOYMENT INFORMATION

Are you currently: \_\_\_ Employed full time \_\_\_ Employed part time \_\_\_ Unemployed  
\_\_\_ Student \_\_\_ Retired \_\_\_ Other \_\_\_\_\_

How long have you been employed at your current job? \_\_\_\_\_

HOME INFORMATION

Do you own \_\_\_ or rent your home \_\_\_

\_\_\_ House \_\_\_ Apartment \_\_\_ Farm \_\_\_ Mobile Home \_\_\_ Other \_\_\_\_\_

If renting (including mobile home park) Landlord's Name \_\_\_\_\_  
Phone # \_\_\_\_\_

All landlords will be contacted prior to approval of adoption application. Staff members initials \_\_\_\_\_  
Landlord Approves \_\_\_\_\_ Disapproves \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

If less than 2 years, what was your previous address? \_\_\_\_\_

Do you have a fenced in yard? \_\_\_ yes \_\_\_ no

If no fence, how will this animal be confined when outside?

\_\_\_ Tie out chain \_\_\_ Always on a leash \_\_\_ Outside kennel \_\_\_ Invisible fence

Other \_\_\_\_\_

Holt Co Animal Shelter  
Adoption Application

FAMILY INFORMATION

How many adults live at this home? \_\_\_\_\_  
How many children live at this home? \_\_\_\_\_ Ages \_\_\_\_\_  
Are children frequently at this home? \_\_\_\_\_  
Does anyone in your family have allergy problems? \_\_\_ Yes \_\_\_ No

ADOPTION INFORMATION

Why do you wish to adopt this pet? Check all that apply:

\_\_\_ Love animals, want to help pet in need      \_\_\_ Feel sorry for the animal  
\_\_\_ Companionship      \_\_\_ Animal is cute, just cant leave it behind  
\_\_\_ My children will learn to be responsible for/care for another creature  
\_\_\_ Gift for someone else. If so, whom? \_\_\_\_\_  
\_\_\_ Guard dog for home      \_\_\_ Companion for another pet

How will your pet get its exercise?

\_\_\_ Taken on daily walks/runs      \_\_\_ Couch potato  
\_\_\_ Just short walks      \_\_\_ Yard exercise

CURRENT PAST PETS

Have you ever given up a pet? \_\_\_ Yes \_\_\_ No  
If yes, please explain :

Any other pets in household? \_\_\_ Yes \_\_\_ No

Please list: \_\_\_\_\_

Are they current on Vaccinations? \_\_\_ Yes \_\_\_ No

Holt Co Animal Shelter  
Adoption Application

VETERINARY CARE

Please list the veterinary care you plan to give your pet?

Who is your current Veterinarian? \_\_\_\_\_ Phone \_\_\_\_\_

TRAINING & BEHAVIOR

Do any of these behaviors or characteristics present a problem for you:

\_\_\_ Jumping on furniture \_\_\_ Chewing \_\_\_ Shedding \_\_\_ Digging \_\_\_ Jumping on people  
\_\_\_ Barking/Howling

How would you handle elimination problems in the house? \_\_\_\_\_

Would you consider taking your dog to obedience classes ? \_\_\_ Yes \_\_\_ No

RESPONSIBILITY

Who will primarily be responsible for this pet? \_\_\_\_\_

If under the age of 21, how old is this person? \_\_\_\_\_

Where will the pet sleep at night? \_\_\_ in the house? \_\_\_ in the garage? \_\_\_ in an outside kennel?  
Other? \_\_\_\_\_

If you move in the future, what will you do with this pet? \_\_\_\_\_

What would cause you to return the pet?

PERSONAL REFERENCES

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOLT CO ANIMAL SHELTER  
ADOPTION APPLICATION

IN ORDER TO BE CONSIDERED AS AN ADOPTER, YOU MUST:

- ⑩ BE 21 YRS OF AGE OR OLDER OR HAVE PARENTAL CONSENT
- ⑩ BE ABLE & WILLING TO SPEND THE TIME & MONEY NECESSARY TO PROVIDE TRAINING, MEDICAL TREATMENT, & PROPER CARE FOR A PET.
- ⑩ HAVE KNOWLEDGE & CONSENT OF YOUR LANDLORD
- ⑩ COMPLY WITH LOCAL LAWS REGARDING PET RESPONSIBILITY

ADOPTION POLICIES:

- ⑩ THE ADOPTION FEE COVERS SPAYING\NEUTERING & VACCINATIONS PRIOR TO ADOPTION. IT IS NON-REFUNDABLE, HOWEVER THE HCAS WILL WAIVE THE INTAKE FEE IF THE PET IS RETURNED WITHIN 60 DAYS OF ADOPTION.
- ⑩ HCAS WILL NOT BE RESPONSIBLE FOR COST OF MEDICAL CARE FOR THE PET ONCE THE PET IS IN A NEW HOME.
- ⑩ ALL ADOPTEES WILL BE GIVEN A PHYSICAL EXAM, TEMPERMENT TEST, SPAYED/NEUTERED & VACCINATED PRIOR TO ADOPTION UNLESS THERE ARE EXTENUATING CIRCUMSTANCES.
- ⑩ IT IS RECOMMENDED THAT THE ADOPTED PET IS KEPT ISOLATED FROM OTHER PETS FOR 5 DAYS AFTER ARRIVAL IN THE NEW HOME.

The Holt Co Animal Shelter is a non-profit organization. By signing below, I understand that I am entering into a contract with the HCAS. I certify that the above information is correct and I recognize that any misrepresentation of fact will result in losing adoption privileges. I authorize investigation of all statements in the application and understand that veterinarians, other humane societies, landlord, etc. may be contacted. I further understand that this adoption process may be delayed to enable the HCAS staff to process this application, prepare the animal for adoption, and allow me to reconsider the process of a lifetime commitment to the animal I have selected.

No animal will be adopted by persons having history of losing, giving away, selling, or having animals injured or killed by moving vehicles or were previously impounded.

We hope that each adoption is successful.

All animals adopted from the HCAS must be returned to the HCAS if for ANY reason you are unable to keep them.

ADOPTER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED      DENIED      ADOPTION FEE \_\_\_\_\_ PAID \_\_\_\_\_

APPLICATION REVIEWED BY \_\_\_\_\_ & \_\_\_\_\_  
DATE \_\_\_\_\_