

Booking Numbers:



Appointment Scheduled:

Day: _____

Date: _____

Time: _____

Scheduled By: _____

Final Approval: YES NO

Dane County Humane Society
5132 Voges Rd, Madison, WI 53718
ph: 608-838-0413 fax: 608-838-2793

APPLICATION FOR ADOPTION

Welcome to the Dane County Humane Society. We are happy you are considering adopting a shelter animal. The goal of our adoption program is to find **PERMANENT**, loving, responsible homes for the animals in our care. We try to find a match that considers not only the best interests of the animal, but those of the caretaker as well.

In order to be considered for adoption, you must:

- Be at least 18 years of age.
- Have formal identification.
- Have the consent of all adults living in the household.
- Understand that we have the right to deny or accept any application.

PLEASE PRINT:

Name _____ Date _____

Address (no P.O. Box, please) _____

City _____ State _____ ZIP Code _____ Email _____

Home phone (_____) _____ Work phone (_____) _____

If you live outside city or village limits, please list the township you reside in: _____

Do you live in a: House Apartment Condo Mobile Home Other _____

Do you (check one): Rent Own Live at parents' or relatives' home

Landlord name & phone number: _____



Are you considering moving within the next year? YES NO Unsure

If YES, when? _____ Have you signed a lease? _____

Name and phone number of new landlord: _____

Number of people in household: _____

name: _____ age: _____

name: _____ age: _____

name: _____ age: _____

name: _____ age: _____

name: _____ age: _____

Will everyone in the household be present for the adoption? YES NO Unsure

What household member(s) will be responsible for the care and feeding of this pet? _____

Does anyone in your household have allergies to animals? YES NO Unsure

If YES or Unsure, please explain: _____

Have you ever had to give up an animal? YES NO

If YES, please explain the circumstances: _____

Some pets may live for 15 to 20 years. We hope you are prepared to make a commitment to this pet for its lifetime.

Last Name _____

What animals currently live in your household or have lived with you over the past 5 years? (Please use an additional piece of paper if needed to list all.)

Name	Breed	Age	Sex	Altered?	De-clawed	Where is the animal kept?

Are all the animals you have now up to date on their rabies and distemper vaccinations?

- YES NO Unsure

What veterinarian have you used for your animals? Name: _____

Clinic Name: _____ City where located: _____

Clinic Phone Number: (_____) _____

IMPORTANT! PLEASE READ CAREFULLY!

By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that the DCHS has the right to deny my request to adopt an animal for any situation that would be contrary to the society's adoption policies, in violation of any state or local ordinances, or not in the best interest of the animal. I authorize investigation of all statements in this application. I also authorize my veterinarian to release any information requested by the DCHS.

Signature _____ Date _____

This application will remain on file for 6 months or until an animal is adopted by you. All information contained in this application will remain confidential and the property of the Dane County Humane Society.

***** FOR OFFICE USE ONLY *****

Reviewed by: _____ Date: _____

Driver's license or other formal ID: _____ DOB _____

Housing/Landlord Verified: YES NO Date/Initials: _____

Comments: _____

Veterinary Reference Checked: YES NO Date/Initials: _____

Comments: _____

DCHS Records Checked: YES NO Date/Initials: _____

Comments: _____

*** Final Approval*** YES PENDING DENIED Date/Initials: _____