WELCOME, AND THANK YOU FOR CONSIDERING ADOPTION OF A SHELTER COMPANION!

We are delighted that you are interested in adopting a companion animal from us!

This application is designed to help determine what will be in the best interest of the animal and to assist potential adopters in finding a companion that is most compatible with their lifestyle. Please understand that the animal's welfare must and will always be our foremost consideration. Therefore, the Humane Society reserves the right to approve or deny an adoption.

In order to help us be effective in processing your application, please fill out your application completely and truthfully.

Due to State laws regarding ownership, potential adopters must be 18 years of age or older.

It will take approximately 1-2 business days to process your application.

TERMS AND CONDITIONS FOR ADOPTION

(PLEASE READ CAREFULLY & INITIAL EACH)

AS A POTENTIAL ADOPTER, I UNDERSTAND THAT:

____ The animal(s) I adopt cannot be given away, and if I am unable to keep the animal(s), it/they are to be returned to the Humane Society of Elkhart County.

____ All persons living in household must meet the animal prior to adoption.

____ I must be able to provide necessary time and financial resources for appropriate training, medical treatment and proper care for the lifespan of the animal.

____ The Humane Society will NOT reimburse me for any future veterinary expenses, including the required wellness exam.

____ The Humane Society will not replace or provide a refund if my new pet does not get along with my current pet(s).

____ All animals I adopt from the Humane Society are REQUIRED to be spayed/neutered within one month of adoption (Puppy/Kitten -before 6 months of age.)

The spay/neuter surgery must be prepaid prior to adoption. (See front office regarding details and options.)

____ A wellness exam appointment must be made prior to adoption. This appointment must be scheduled to occur within 5 days after the adoption date.

____ If I am adopting a dog and I currently own a dog or dogs, a meet and greet appointment must be scheduled before I adopt the new dog.

____ I must adhere to all laws and ordinances and in some cities, may be required to purchase a license for my companion animal.
APPLICANT'S INFORMATION (PLEASE PRINT)

Full Name: ___________________________________________ *E-Mail Address: ___________________________________________ County: ___________________________

Address: ___________________________________________ Apt./Lot #: _______ City: ___________________________ State: ___________ Zip: ________

Home Phone: ___________________________ Work Phone: ___________________________ Cell Phone: ___________________________

*Email required in order to receive Pet Insurance Policy included with your adoption. By providing your email you consent to Pethealth, Inc. collecting and using your personal information for the purpose of contacting you with commercial electronic messaging and telephone communications.)

1) Circle what type of home you live in: House Apartment/Condo Mobile Home

2) Do you rent your home or lot? ___________________________ If so, what is your Landlord's name and phone number? ___________________________

3) How long have you lived at your current address? ___________________________

4) What was your previous address? __________________________________ City: ___________________________ State: ___________ Zip: ________

5) Please list ALL persons (ADULTS & CHILDREN) currently living in your household:

<table>
<thead>
<tr>
<th>FULL NAME (FIRST M.I. LAST)</th>
<th>RELATION TO APPLICANT</th>
<th>AGE</th>
<th>DATE OF BIRTH</th>
<th>DRIVER'S LICENSE/STATE ID #</th>
<th>NOTES (OFFICE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6) Why do you want your new pet? (Check all that apply)  
- [ ] Inside Pet    - [ ] Outside Pet    - [ ] Companion    - [ ] Companion for present pet(s)
- [ ] Breeder       - [ ] Hunter/Mouser - [ ] Guard Dog (Explain): ___________________________

7) Where will your new pet be kept when you are not home? (Check all that apply)  
- [ ] Inside Home    - [ ] Basement   - [ ] Indoor Crate
- [ ] Outside Home   - [ ] Patio/Porch - [ ] Outdoor Kennel
- [ ] Work           - [ ] Other (Explain): ___________________________________________ - [ ] Chain/Tie-out
8) What type(s) of pet(s) do you currently have in your household? *(If no current animals, skip to #12)*

Please list each dog/cat/ferret

<table>
<thead>
<tr>
<th></th>
<th>CAT</th>
<th>DOG</th>
<th>FERRET</th>
<th>BREED</th>
<th>MALE</th>
<th>FEMALE</th>
<th>INSIDE PET</th>
<th>OUTSIDE PET</th>
<th>YES</th>
<th>NO</th>
<th>AGE</th>
<th>TIME OWNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pet #1</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pet #2</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pet #3</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pet #4</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pet #5</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pet #6</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

9) Are your current pets up to date on their Rabies vaccination?  
   Yes  ☐  No  ☐  
   If No, please understand that according to state law it is required that your current pets will need to be vaccinated for Rabies before you can adopt.

10) Current Veterinary Clinic: ___________________________ Phone #: ___________________________
    a) Previous Clinic: ___________________________ Phone #: ___________________________
    b) Are vet records under main applicant's name? Yes ☐  No ☐  If No, whose name are the records under? ___________________________

11) How did you hear about us?  
   Website ☐  Facebook ☐  Television ☐  Newspaper ☐  Pet Store ☐  Other Adopter ☐  Previously Adopted ☐  Volunteer ☐  Other (Explain): ___________________________

I CERTIFY THAT I UNDERSTAND AND AGREE TO THE HUMANE SOCIETY OF ELKHART COUNTY’S TERMS AND CONDITIONS FOR ADOPTION.
I FURTHER CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND TRUE.
I UNDERSTAND THAT ANY WITHHELD, INCOMPLETE OR FALSE INFORMATION MAY RESULT IN NULLIFYING THIS APPLICATION.
I GRANT THE HUMANE SOCIETY OF ELKHART COUNTY PERMISSION TO CONTACT MY VETERINARIAN AND OBTAIN RECORDS ON MY PRESENT/PAST ANIMAL(S).

SIGN: ___________________________ DATE: ___________________________

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>ANIMAL’S NAME</th>
<th>RABIES DUE</th>
<th>ALTERED</th>
<th>VETERINARY CARE NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>