



HEARTLAND HUMANE SOCIETY ADOPTION APPLICATION

The Heartland Humane Society (HHS) is committed to enriching the lives of our animals regardless of age, natural beauty or condition and to find them permanent homes. For this reason, we reserve the right to approve or deny any adoption.

Applicant Name: _____ Phone Number: _____

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

Email: _____

Name of pet currently interested in (please leave blank if you wish to meet multiple pets): _____

Would you consider any other animal if the one listed above is no longer available? Yes No

I want my new pet to/be (Please check all that apply):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> couch potato | <input type="checkbox"/> mellow | <input type="checkbox"/> quiet | <input type="checkbox"/> low energy |
| <input type="checkbox"/> affectionate | <input type="checkbox"/> high energy | <input type="checkbox"/> on my lap | <input type="checkbox"/> guard dog/pet (bark) |
| <input type="checkbox"/> house trained | <input type="checkbox"/> outdoors mostly | <input type="checkbox"/> enjoy walks | <input type="checkbox"/> playful |
| <input type="checkbox"/> enjoy running/jogging | <input type="checkbox"/> enjoy other dogs | <input type="checkbox"/> enjoy other cats | <input type="checkbox"/> enjoy children |
| <input type="checkbox"/> enjoy hunting | <input type="checkbox"/> enjoy traveling | <input type="checkbox"/> enjoy the dog park | <input type="checkbox"/> sleep in my bed |
| <input type="checkbox"/> be kennel trained | <input type="checkbox"/> ESA pet | <input type="checkbox"/> non-shedding | <input type="checkbox"/> doesn't need grooming |

Do you plan to buy toys for your new pet? Yes No

I am willing to spend \$_____ per month on my new pet.

When relating to pets, I tend to be:

- More Strict – there are “house rules” I expect my pets to follow
 Moderate – I acknowledge good behavior and ignore bad behavior.
 Lenient – If the pet looks cute, they'll probably get a treat from me despite not following commands.

Do any members of your household or family/friends that visit frequently have known pet allergies? Yes No

Do you have any other pets in your home? Yes No

If yes, please complete below:

| | | | | |
|-------------|------------|--------------|---|-----------------------------|
| Name: _____ | Age: _____ | Breed: _____ | Spayed/Neutered: Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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| Name: _____ | Age: _____ | Breed: _____ | Spayed/Neutered: Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Name: _____ | Age: _____ | Breed: _____ | Spayed/Neutered: Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Are any pets in your home unaltered / not fixed/spayed: Yes No

If no other pets in home, will this be the first pet you have owned as an adult? Yes No

Have you rehomed or returned a purchased or adopted pet before? Yes No

Who do you plan to use as a veterinarian? Clinic Name: _____

If you have had previous pets, we will contact your vet to obtain a reference. Phone Number: _____

Your new pet needs to be alone: ___ less than 4 hours at a time; ___ less than 8 hours at a time; ___ less than 10 hours at a time; ___ more than 10 hours at a time.

When you are not home, where will your new pet be? (check all that apply):
___ free at home; ___ kenneled inside; ___ kenneled outside; ___ in garage/shed/barn; ___ outside free

When you are home, you plan to (check all that apply):
___ give pet free range to my home; ___ limit access to certain areas of my home; ___ not allow inside my home.

Would you consider professional training to deal with any behavioral issues? ___ Yes ___ No
Are you willing to "potty train" your new pet? ___ Yes ___ No

Do you plan on letting your pet off leash when outside? ___ Yes ___ No
Do you have a fenced in yard? ___ Yes ___ No

For what reasons would you return a pet (check all that apply)
___ aggression towards an animal ___ aggression towards a human ___ separation anxiety
___ chewing ___ house training issues ___ medical issues
___ jumping on furniture ___ If I am moving ___ New job / change of schedule
___ can't afford to keep ___ digging ___ New baby/spouse/roommate
___ Other reason, please specify:

If you are no longer able to keep the animal you adopt, are you willing to comply with our contract and return the animal to us? ___ Yes ___ No

Do you live in a: ___ House ___ Apartment ___ Acreage/Farm ___ Mobile Home ___ Other:
Do you: ___ own this property ___ rent this property.
Have you lived here for: ___ less than one year; ___ 1 to 5 years; ___ over 5 years.

IF YOU ARE NOT THE PROPERTY OWNER, HHS STAFF MUST VERIFY THE CURRENT PET POLICY FOR YOUR RESIDENCE. YOU MUST COMPLETE THE FOLLOWING TO GUARANTEE APPLICATION APPROVAL:

LANDLORD NAME: _____ PHONE NUMBER: _____

The noise activity in your home is: ___ high ___ medium ___ low.
The number of children under the age of 18 in your home is _____.
The ages of the children: _____.

The number of adults in your home is _____.

How did you hear about Heartland Humane Society? _____

By choosing to adopt, I understand that I am expected to make a commitment of time and money to this animal for his/her lifetime – up to 20 years. All animals leaving HHS care must be in a carrier or on a leash/collar. If you do not have these items, we do sell them in our shelter lobby for reduced prices.

APPLICANT SIGNATURE: _____ **DATE** _____

FOR HHS USE ONLY:
Interview date: _____ Interviewed by: _____
Approved _____ Denied _____

