



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: _____

I want to adopt a (circle all that apply) DOG PUPPY CAT KITTEN OTHER

Is there a specific animal you are interested in meeting? If so, what is its name? _____

If specific, 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 |

I expect to spend \$_____ per month on my new pet for food, treats and toys.

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 currently own any other pets? ___ 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"/>

Are any of your pets unaltered / not fixed/spayed: ___ Yes ___ No ___ Not applicable

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

Have you rehomed, returned, or surrendered an animal 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 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 _____