



## 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: \_\_\_\_\_

Do you currently own any other pets?  Yes  No

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

Do you live in a:  House  Apartment  Acreage/Farm  Mobile Home  Other:

Do you:  Own this property  Rent this property, landlord name: \_\_\_\_\_

When relating to accepting a pet's bad behavior, I tend to be:

More Strict – there are “house rules” I will expect my pet to follow. I would hire a trainer if need be.

Moderate – I will acknowledge good behavior and ignore bad behavior. I don't expect perfection.

Lenient – My pets will get treats and praise even when they tip over the garbage or jump on visitors.

List one reference: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

If you choose a pet, along with the adoption contract, we will explain your new pet's basic medical history and behavior history. Would you like to be sent home with the pet's current toys, bedding or food for free?  Yes  No

Are you interested in purchasing a starter pack that includes all necessary items to bring home your pet?  Yes  No

If you select a puppy or kitten, do you plan on spaying/neutering the animal?  Yes  No

If you are no longer able to keep the pet you adopt, would you reach out to us about returning the animal?

Yes  No

Please check all additional topics you would like us to discuss:

Feeding my pet  Pet introductions  Flea/tick/Heartworm  Finding a veterinarian

Crate training  Dog care 101  Puppy care 101  Declawing cats

Cat/Kitten care  Litterbox Tips Other: \_\_\_\_\_

Extra! Check any you are interested in learning about during the adoption:

Information on what you can donate to help us at HHS!

Information on volunteering /fostering

**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. By signing this document, you agree to the following:**

**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. I understand I am responsible for ensuring the pet I choose will be allowed and welcomed into my home by other residents or landlords. If I choose to adopt, I agree to contact Heartland Humane Society if I am unable to continue caring for it.**

**APPLICANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_**

***I am interested in adopting a dog. Please answer the questions:***

Are you specifically interested in a certain dog currently available for adoption? If So, list name: \_\_\_\_\_

I want my dog to be:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> House trained      | <input type="checkbox"/> Kennel trained  | <input type="checkbox"/> Off-leash trained | <input type="checkbox"/> ESA / Therapy pet     |
| <input type="checkbox"/> Couch potato       | <input type="checkbox"/> Low energy      | <input type="checkbox"/> Quiet             | <input type="checkbox"/> Affectionate          |
| <input type="checkbox"/> High Energy        | <input type="checkbox"/> Running partner | <input type="checkbox"/> Playful           | <input type="checkbox"/> Enjoy Walks           |
| <input type="checkbox"/> Good with Children | <input type="checkbox"/> Good with dogs  | <input type="checkbox"/> Good with cats    | <input type="checkbox"/> Sleeps in my bed      |
| <input type="checkbox"/> Guard dog / bark   | <input type="checkbox"/> Outside only    | <input type="checkbox"/> Non-shedding      | <input type="checkbox"/> Doesn't need grooming |

Are you willing to "potty train" your new dog?  Yes  No

Do you have a fenced in yard?  Yes  No / Do you plan to use a tether or tie out in your backyard?  Yes  No

Your new dog needs to be alone:  Less than 4 hours at a time;  Less than 10 at a time;  More than 10

When you are not home, where will your dog be? (check all that apply):

Free at home;  Kenneled inside;  Kenneled outside;  In garage/shed/barn;  Outside free

When you are home, your dog will be: (check all that apply):

Give pet free range to my home;  Limit access to certain areas of my home;  Not allow inside my home.

For what reasons would you return a dog (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aggression towards an animal | <input type="checkbox"/> Aggression towards a human | <input type="checkbox"/> Separation anxiety           |
| <input type="checkbox"/> Chewing                      | <input type="checkbox"/> House training issues      | <input type="checkbox"/> Medical issues               |
| <input type="checkbox"/> Jumping on furniture         | <input type="checkbox"/> If I am moving             | <input type="checkbox"/> New job / change of schedule |
| <input type="checkbox"/> Can't afford to keep         | <input type="checkbox"/> Digging                    | <input type="checkbox"/> New baby/spouse/roommate     |

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***I am interested in adopting a cat. Please answer the questions:***

Are you specifically interested in a certain cat currently available for adoption? If So, list name: \_\_\_\_\_

I want my cat to be:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Litter box trained | <input type="checkbox"/> ESA / Therapy pet | <input type="checkbox"/> High energy      | <input type="checkbox"/> Low energy       |
| <input type="checkbox"/> Quiet              | <input type="checkbox"/> Talk-a-tive       | <input type="checkbox"/> Playful          | <input type="checkbox"/> Affectionate     |
| <input type="checkbox"/> Good with Children | <input type="checkbox"/> Good with dogs    | <input type="checkbox"/> Good with cats   | <input type="checkbox"/> Sleeps in my bed |
| <input type="checkbox"/> Outside only       | <input type="checkbox"/> Inside only       | <input type="checkbox"/> Inside & Outside | <input type="checkbox"/> Declawed         |

How many litter boxes do you plan on having in the home: \_\_\_\_\_. Do you plan to declaw your new cat:  Yes  No

When you are not home, where will your cat be? (check all that apply):

Free at home;  Kenneled;  Restricted to certain area/room;  Outside

When you are home, your cat will be: (check all that apply):

Give pet free range to my home;  Limit access to certain areas of my home;  Not allow inside my home.

For what reasons would you return a cat (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Aggression towards an animal  | <input type="checkbox"/> Aggression towards a human | <input type="checkbox"/> Separation anxiety           |
| <input type="checkbox"/> Scratching / biting           | <input type="checkbox"/> House training issues      | <input type="checkbox"/> Medical issues               |
| <input type="checkbox"/> Jumping on furniture/counters | <input type="checkbox"/> If I am moving             | <input type="checkbox"/> New job / change of schedule |
| <input type="checkbox"/> Can't afford to keep          | <input type="checkbox"/> New baby/spouse/roommate   |   |

FOR HHS USE ONLY: Interview Date \_\_\_\_\_ Approved by: \_\_\_\_\_