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Where a second chance at life is made possible

ADOPTION APPLICATION

If application is not complete, it will not be processed.

Date: _____

APPLYING FOR:

Name of Animal: _____ Species: _____ Age: _____

If no specific animal, describe what you want. (gender, size, age....) _____

APPLICANT'S INFORMATION:

Full Name (Please Print): _____ Age: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: _____ Cell Phone Number: _____

HOUSEHOLD INFORMATION:

Where Do You Live? (Check one)

House: _____ Condo/Apt: _____ Mobile Home: _____ Student Housing: _____

How long at your present address? _____

Do You Own Your Own Home? **Yes / No** If yes, can you provide proof of ownership? **Yes / No**

Do you rent? **Yes / No** If yes, provide complete contact information.

Landlord's Name: _____

Landlord's Phone Number: _____

Name of complex you live in: _____

How many adults in your home? _____

How many children and what ages? _____

Are all members of your household aware of your plans to adopt an animal? **Yes / No**

Are any members of your household allergic to animals? **Yes / No**

Where will your companion animal sleep? _____

How many hours will your companion animal be alone? _____

Who will be responsible for the animal? _____

Do you have any health conditions which could restrict your ability to care for an animal? **Yes / No**

If yes, please describe:

Have you ever been convicted of a crime? **Yes / No**

If yes, please describe:

EMPLOYMENT: Please list for all adults in household.

Employer: _____ Occupation: _____

How long at your present job? _____

Can you be contacted at your job? **Yes / No** If yes, work phone #: _____

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OTHER ANIMALS:

Do you have cats? **Yes / No** If yes, How many? _____ Do the cats live indoors? **Yes / No**

Please, list the names, breeds, and ages, of any cats you have owned in the last 5 years and what happened to them if you no longer have them. Are the cats declawed? **Yes / No**

Do you have dogs? **Yes / No** If yes, How many? _____ Do the dogs live indoors? **Yes / No**

Please, list the names, breeds, and ages, of any dogs you have owned in the last 5 years and what happened to them if you no longer have them.

Other animals? **Yes / No**

If yes, How many? _____ Do they live indoors? **Yes / No**

Describe living conditions of other animals:

Are all animals in your household spayed/neutered? **Yes / No**

List your current veterinarian and the name and phone numbers of all vets you have had in the last 5 years. **This information is essential to ensure the application process moves smoothly.**

Name of Veterinarian or Clinic _____

Address: _____ Phone: _____

Person's name that the vet records are under (*very important*): _____

Previous Veterinarian _____

Phone Number: _____

REFERENCES: Only one can be a relative.

Name: _____ Phone: _____ Yrs. Known: _____

Name: _____ Phone: _____ Yrs. Known: _____

QUESTIONS

Why do you want to adopt an animal?

What type of personality are you looking for?

If necessary, how will you discipline the animal?

Who will care for animal if you are unable (vacation, illness, emergency...) _____

If adopting a dog, how will you confine animal to your property?

I agree to the following: (Please circle answer)

- Yes / No To provide timely health care for the animal.
- Yes / No To return the animal to DeKalb Humane Society if you can no longer care for the animal.
- Yes / No To keep current license (if applicable) and ID tags on the dog/cat at all times.
- Yes / No To allow a Humane Society representative to visit your home prior or subsequent to adoption.
- Yes / No You are financially able to care for the pet.
- Yes / No The information contained in this application is true. Should any information be found false, my application will be declined. Should any information be found false after adopting a pet from DeKalb Humane Society, I will relinquish the animal immediately without refund of my adoption fee, or exchange.

Signature: _____

Date: _____

Please add any additional information you feel is important for us to know.
