

Adoption Application



**Humane
Society**
Of Monroe County

Page 1 of 8

Date _____

Name of Animal _____ Type of Animal Cat Dog

Applicant's Name _____

Address: _____

City _____ State _____ Zip code _____

Home Phone () _____ Work Phone () _____

Driver's License # _____ Date of Birth _____

Email Address _____

Welcome to the Humane Society of Monroe County. We are glad you have come to adopt a new pet from our shelter.

The information on this application is requested so that we can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. The consultation process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal most compatible with your life-style. You will not be taking the animal home today. Both you and the pet deserve our full consideration in this life altering event and we want to take the time to process your application correctly, fairly and thoroughly.

The animals available for adoption came here from a variety of sources. All animals are examined upon their arrival, and their health is routinely monitored while at the shelter, but there is always a chance that the animal is incubating a disease without showing clinical signs.

Our adoption fee includes spay/neuter, first series vaccinations, leukemia testing or heartworm testing (as applicable), fecal exam for parasites and any needed medication.

In order to be considered as an adopter today, you must:

- Be 18 years of age or older
- Have identification showing your present address
- If renting, have the knowledge and consent of your landlord
- Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for the pet
- Animals **MAY NOT** be adopted as gifts

Administrative Office
P.O. Box 1457
Monroe, MI 48161
Phone - (734) 240-0562
Fax - (734) 240-0560

www.monroehumane.com

Shelter
833 North Telegraph Road
Monroe, MI 48162
Phone - (734) 243-3669
Fax - (734)243-1696



Dear Potential Dog/Cat Parent,

In order to protect our beloved canine and feline friends, we conduct thorough reference and veterinarian checks to make sure that our animals will receive the loving homes they deserve.

Each one of our animals has different needs and we try to place them accordingly. Please keep in mind that by completing this application, it does not guarantee that you will be approved.

The Humane Society of Monroe County reserves the right to refuse adoptions to anyone. No animals will be adopted to persons having a history of losing, giving away, selling or having animals injured or killed. No animals will be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application. We will contact your veterinarian (if you have one) and may contact references to verify information on the adoption application.

By signing below, you give the Humane Society of Monroe County permission to contact the references listed on your application.

Applicant's Signature

Sylvia Mulshine
Shelter Manager

Did you know that 1 female cat and her offspring can produce 420,000 offspring in only 7 years and 1 female dog and her offspring can produce 67,000 in 6 years?

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Name of the animal you are interested in _____

Is this your first experience with a pet? Yes No

If you answered no, Who is your veterinarian? _____

Vet's Phone Number () _____

What Pets do you currently have in your household?

Pet Name	Type of Pet		Spayed or Neutered		Kept Where		Pet's Age
_____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____
_____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____
_____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____
_____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____

Please list the pets you have owned in the past 5 years other than those listed above.

Time Owned	Type of Pet		Spayed or Neutered		Kept Where		What Happened To The Pet?
_____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____
_____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____
_____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____
_____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____

Please list two people (*not family members*) as pet references. Your references may not be anyone accompanying you to the shelter today.

Name _____ Phone Number() _____

Name _____ Phone Number() _____

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Do you rent or own your home? Rent Own

How long at your present address? _____

If less than a year, what was your previous address?

Previous Address: _____

City _____ State _____ Zip code _____

If renting:
Your landlord's name _____ Phone Number () _____

We will need a copy of your lease agreement for our records.

How many people live in your household? _____ What are the ages of any children? _____

Do all adults know you plan to adopt? Yes No

Who will be responsible for the care of the pet? _____

Where will this pet be kept during the day? _____ Night? _____

How many hours alone will it spend without human companionship? _____

Where will it be kept when alone? _____

What will happen to this pet when you go on vacation or in case of emergency? _____

Do you plan on moving within the next twelve months? Yes No

If yes, please contact us with your new address

What will you do with your new pet when/if you move? _____

How did you find out about the pet you want to adopt today?

<input type="checkbox"/> Internet Sites	<input type="checkbox"/> Petfinder (www.petfinder.com)	<input type="checkbox"/> Walk in
<input type="checkbox"/>	<input type="checkbox"/> Pets 911 (www.pets911.com)	<input type="checkbox"/> Newspaper
<input type="checkbox"/>	<input type="checkbox"/> HSMC (www.monroehumane.com)	<input type="checkbox"/> Adoption Event
<input type="checkbox"/>	<input type="checkbox"/> Other _____	

Please explain

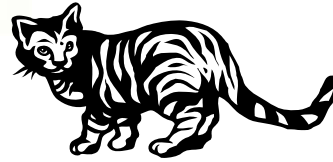
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For Cat Adoptions Only



Do you want a cat for a (please check all that apply)

- Companion
- Mouser
- Company for another pet
- Other _____

What will you do if your cat claws the furniture or stops using the litter box? _____

Did you know that for every person that is born, 15 dogs and 45 cats are also born?
The result is there are far more animals born than responsible pet owners.

For Dog Adoptions Only



Do you want a dog for a (please check all that apply)

- Companion
- Guard Dog
- Watch Dog
- Other _____
- Company for another pet

Do you have a fenced yard? Yes No

Do you realize you will probably have to houstrain a new puppy or dog?

Yes	No
-----	----

What will you do if your dog chews your furniture or shows destructive behavior? _____

How will you keep your dog confined to your property? (Please check all that apply)

- In House
- Outside Kennel
- Fenced Yard
- Indoor Crated
- On a Leash
- On Chain
- Garage



Please be sure to read and then sign the application.

Do not enter into this adoption halfheartedly. Spend enough time with the pet you wish to adopt and get to know it. Bring in the family members and other pets to meet the potential new pet. Make sure the animal you wish to adopt will fit with your family and be sure you are ready to correct any behavioral problems and treat whatever minor health problems arise. Please keep in mind that caring for a pet can be costly.

Again, do not expect to take the animal home today. Both you and the pet deserve our full consideration in this life altering event and we want to take the time to process your application correctly, fairly and thoroughly.

I certify that all of the previously disclosed information is true and any falsification will result in the rejection of the application and/or repossession of the animal. I have read the application and agree to all the terms stated.

Applicant's Signature

Date

HSMC Staff

Date

FOR OFFICE USE ONLY

<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DENIED
<input type="checkbox"/>	Cat	<input type="checkbox"/>	Dog

Name of Animal _____

Applicant's Name _____

Date _____ Time _____ Phone() _____

Does the animal need to be spayed or neutered? Yes No

Vet Check _____ Employees Initials _____

Pet Name _____	Spayed/Neutered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Current on all shots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Pet Name _____	Spayed/Neutered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Current on all shots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Pet Name _____	Spayed/Neutered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Current on all shots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Pet Name _____	Spayed/Neutered	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Current on all shots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Personal Reference Check _____ Employees Initials _____

Name _____ Date Called _____ Comments _____

Years Known _____ Number of people in home _____

Do they live in:	<input type="checkbox"/> Apartment	<input type="checkbox"/> House
	<input type="checkbox"/> Modular	<input type="checkbox"/> Other

Fenced in yard Yes No

Any current pets? Yes No

Any previous pets? Yes No

If so, what happened to them? _____

Name _____ Date Called _____ Comments _____

Years Known _____ Number of people in home _____

Do they live in:	<input type="checkbox"/> Apartment	<input type="checkbox"/> House
	<input type="checkbox"/> Modular	<input type="checkbox"/> Other

Fenced in yard Yes No

Any current pets? Yes No

Any previous pets? Yes No

If so, what happened to them? _____

Reason for Denial _____

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Page 8 of 8

*Our adoption screening process helps us to match
the right animal to the right home.*

Our adoption fee includes:

- *Felv/FIV tests for all cats/kittens.*
- *Heartworm tests for all dogs/puppies.*
- *All vaccines the animal is due for, including rabies.*
- *All animals are already spayed and neutered.*
- *All animals are flea-treated and de-wormed.*

If you're interested in adopting, our process works like this

**Some of the following questions will be on the adoption application:*

- ~Do you own your home or rent?*
- ~How many adults/children in your household?*
- ~Does everyone know about & agree on the adoption?*
- ~A brief history of pets you've owned?*
- ~Vet care for the pets you own now?*
- ~If you're looking to adopt a dog, do you have a fenced-in yard or another exercise method?*
- ~Is shedding a problem?*
- ~Is there anyone with allergies at home?*

**If you have a vet, we'll ask to verify vet records. This is for your current pet's welfare and the safety of the shelter animal you want to adopt.*

**If you rent, we'll need to verify that you're allowed to have pets.
(We'll have to verify any breed restrictions also.)*

**In a day or two, we'll contact you if the animal is a good match for your home.*

If you DO NOT hear from us in 48 hours, either the pet was adopted to another home (sometimes we get multiple forms on an animal) or there wasn't a good match between that specific animal and your home

We'll keep your application on file for 30 days, in case you find another animal that may fit your home and lifestyle

KEEP THIS PAGE FOR REFERENCE.