



# THE HUMANE SOCIETY OF OLDHAM COUNTY

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[www.humanesocietyoldhamcounty.com](http://www.humanesocietyoldhamcounty.com)

## ★ MINIMUM REQUIREMENTS/QUALIFICATIONS FOR ADOPTION ★

The Humane Society of Oldham County (HSOC) is a 501(c)(3) nonprofit organization funded solely by donations. The most important decision in who adopts our much loved rescued pet is in making sure there is little to no chance the pet will ever have to be “re-homed” again. These animals are companion animals and intended to live inside your home, as part of your family.

### Other Application Considerations:

- Filling out an application does not guarantee you will be approved for the animal you are choosing to adopt.
- We make our adoption decisions based on matching the needs of the pet with the adopter’s ability to match those needs.
- The order in which the application is taken does not guarantee adoption, although we do review as submitted. We make our adoption decisions based on matching the needs of the pet with the adopter’s ability to match those needs.

### Suitability:

HSOC reserves the right to determine the most appropriate home for the pet and may refuse placement of an animal for any reason. By submitting this application, you give permission for HSOC to investigate and confirm the information you provide. All forms become the property of HSOC upon submission. To apply,

- **You must be 21 years of age or older, or have the consent of a parent/legal guardian.**
- **You must have a current photo ID showing address.**
- **All members of the household must be in agreement on the adoption.**
- **If renting, show landlord’s consent in writing.**
- **Your current pets must be up-to-date on shots and free of contagious illnesses.**
- **All animals in your home must be spayed or neutered.**
- **For dogs, fenced yard; exceptions may be entertained depending on the dog and the applicant’s home.**
- **Agree to visit a veterinarian within five business days of adoption.**
- **Agree to a home visit 30 days after adoption.**
- **Agree to a dog adoption donation of \$200 regular/\$250 Camp Canine, or a cat adoption donation of \_\_\_\_\_ to help cover HSOC’s expense of raising and caring for the animal. The adoption donation is not refundable.**

### Health:

The animals available for adoption come to us in a variety of ways. Many were abandoned, strays, abused, or surrendered. All animals are examined and their health monitored while they are in our care. *However, due to stressful situations under which many of these animals come to us, there is always the chance that an animal is incubating a disease without showing clinical signs. HSOC believes these animals to be in good health, but does not guarantee the health of any animal or assume any financial responsibility for future veterinary costs.*

**I confirm that to the best of my knowledge all the information furnished in this application is true and correct. I hereby give permission to my veterinarian, personal references, landlord and employer to confirm and disclose information to the Humane Society of Oldham County for the purpose of processing my application for the following described animal.**

(APPLICANT SIGNATURE)

(DATE)

(CO-APPLICANT SIGNATURE)

(DATE)

|   |   |           |
|---|---|-----------|
| <input type="checkbox"/> <b>DOG's NAME:</b> | <input type="checkbox"/> <b>CAT's NAME:</b> | <b>#:</b> |
|---|---|-----------|

DOES EVERYONE IN THE HOUSEHOLD AGREE TO THIS ADOPTION?  Yes  No

### Applicant Information

|   |        |                          |                |
|---|--------|--------------------------|----------------|
| Name:   |        | Driver's license number: | State          |
| Address:  |        |                          |                |
| City:   | State: | Zip:                     |                |
| Telephone #/s: Home:  | Work:  | Cell:                    |                |
| E-mail Address:   |        |                          | Date of Birth: |
| <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student |        |                          |                |
| Employer:   |        | Employer Telephone #:    |                |

### Co-Applicant Information

|   |       |                          |                |
|---|-------|--------------------------|----------------|
| Name:   |       | Driver's license number: | State          |
| Telephone #/s: Home:  | Work: | Cell:                    |                |
| E-mail Address:   |       |                          | Date of Birth: |
| <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student |       |                          |                |
| Employer:   |       | Employer Telephone #:    |                |

### Household

|   |  |
|---|--|
| Number of People in Household:  | If children, list ages:  |
| Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been tested: <input type="checkbox"/> Yes <input type="checkbox"/> No |

### General Information

|   |   |   |               |
|---|---|---|---------------|
| Where will dog/cat live: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn <input type="checkbox"/> Rural <input type="checkbox"/> Urban   |   |   |               |
| If rental, are dogs/cats allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No | Max. Size:  |               |
| Complex name/address:   |   |   |               |
| Manager/Landlord (submit landlord's written consent):   |   |   | Phone number: |
| Where will dog/cat live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside  |   |   |               |
| Where will the dog/cat spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside   |   |   |               |
| Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | If Yes, type <span style="float: right;">Height</span>                        |               |
| Will you allow the dog to have outdoor freedom from leashes and fences? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | If Yes, where?  |               |
| How many hours per day will the dog spend outside?  |   | Will dog be chained? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| How many hours per day will the dog/cat be alone?   |   | Where will the dog/cat stay when left alone?                                  |               |
| Describe the activity level in your home:   |   |   |               |
| <input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home)<br><input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking)<br><input type="checkbox"/> Moderate (Normal comings and goings)<br><input type="checkbox"/> Quiet (homebodies, few guests)<br><input type="checkbox"/> Other (specify) |   |   |               |
| In the absence of the primary caregiver, who will care for the dog/cat?   |   |   |               |
| <b>Under what circumstances would you return the dog/cat to us?</b> <input type="checkbox"/> New Job <input type="checkbox"/> Divorce <input type="checkbox"/> New Baby <input type="checkbox"/> Move <input type="checkbox"/> Illness<br><input type="checkbox"/> Other – specify  |   |   |               |

|   |   |           |
|---|---|-----------|
| <input type="checkbox"/> <b>DOG's NAME:</b> | <input type="checkbox"/> <b>CAT's NAME:</b> | <b>#:</b> |
|---|---|-----------|

|   |
|---|
| Are you willing to take responsibility if this pet acquires an illness or tests positive for heartworms? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you willing to seek professional help if any problem habits arise? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |
| Have you attended any professional dog training classes in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |
| How much time are you prepared to allow for your new pet to adjust to your home?  |

**Pet Information**

|  |                                      |
|--|--------------------------------------|
| Have you had pets in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, complete the following chart |
|--|--------------------------------------|

| Name of Pet | Breed | Years Owned | Spayed/Neutered  | Inside/Outside   | Where is Pet Now? |
|-------------|-------|-------------|--|--|-------------------|
|             |       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Inside <input type="checkbox"/> Outside |                   |
|             |       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Inside <input type="checkbox"/> Outside |                   |
|             |       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Inside <input type="checkbox"/> Outside |                   |
|             |       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Inside <input type="checkbox"/> Outside |                   |
|             |       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Inside <input type="checkbox"/> Outside |                   |

|  |               |
|--|---------------|
| <b>CURRENT OR PAST VET/NAME OF CLINIC:</b> | <b>Phone:</b> |
|--|---------------|

|   |                      |
|---|----------------------|
| Have you adopted before? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Organization |
|---|----------------------|

|   |  |
|---|--|
| Do you consider your dog/cat a part of the family? <input type="checkbox"/> Yes <input type="checkbox"/> No | Will your dog be on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

|   |
|---|
| Are you aware that a dog/cat is a large and lifelong commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

**Personal References (non family member)**

|           |                       |
|-----------|-----------------------|
| # 1 Name: | Relationship:         |
| Phone:    | Best time to contact: |
| # 2 Name: | Relationship:         |
| Phone:    | Best time to contact: |
| # 3 Name: | Relationship:         |
| Phone:    | Best time to contact: |

**Is there anything else you would like to tell us in our consideration of your application?**

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**If this is a Camp Canine dog, how did you learn about the program?**

News release    HSOC web site    Employed at LLCC    Know employee at LLCC    Know an inmate at LLCC

Employed at another Prison    Know an inmate at another Prison

Other \_\_\_\_\_

# ADOPTION AGREEMENT

FOR AND IN CONSIDERATION OF the dog/cat \_\_\_\_\_, # \_\_\_\_\_, receipt of which is hereby acknowledged, I, \_\_\_\_\_ enter into this Adoption Agreement with the Humane Society of Oldham County (hereinafter Society) on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_. I certify that I am 21 years of age, meet the Society's minimum requirements for adoption, have fully and truthfully completed the application for adoption, have seen and received all records in the possession of the Society regarding the dog/cat, and agree to comply with the following terms and conditions:

I agree that the above described animal is being adopted by me solely as a pet for myself and/or my family, and will not sell, give away or otherwise dispose of the above described animal to any person(s), dealer, retailer, institute or any other entity for any reason.

I agree to visit my veterinarian within five business days of the adoption date, and to a home visit by the Society 30 days after adoption.

I agree that, if I am unable or unwilling to keep this pet, I will contact the Society to reclaim the animal at no charge.

I agree to care for the above described animal in a humane and responsible manner and to provide it with clean and adequate shelter, food, water, and veterinary care, and that the animal will reside inside my home and not be allowed to roam freely.

I agree that the Society has not made any warranty of the animal's health, temperament or conduct, and I assume all risks and responsibilities associated with ownership, including bites.

I fully and completely release and indemnify the Society and its officers, directors, volunteers, agents and employees from any claim or liability, known or unknown, arising or connected with the adoption, ownership, maintenance, temperament, conduct or condition of the animal.

I agree to fully comply with all state laws and county ordinances governing the ownership of the animal.

I agree that, in the event I violate this Agreement in any way and the Society must enforce it in any legal proceeding, I will pay all the Society's legal costs and attorney fees.

\_\_\_\_\_  
(APPLICANT SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(CO-APPLICANT SIGNATURE)

\_\_\_\_\_  
(DATE)