



THE HUMANE SOCIETY OF OLDHAM COUNTY

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humanesocietyoldhamcounty.com

Adoption Application/Pet Name: _____ Dog Cat

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

Applicant Information

Name: _____ Driver's license #: _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Home: _____ Work: _____ Cell: _____

E-mail: _____ Date of Birth: _____

Employed Unemployed Retired Student

Employer: _____ Employer Telephone #: _____

Co-Applicant Information

Name: _____ Driver's license #: _____ State: _____

Telephone Home: _____ Work: _____ Cell: _____

E-mail: _____ Date of Birth: _____

Employed Unemployed Retired Student

Employer: _____ Employer Phone: _____

Household

Number of People in Household: _____ If children, ages: _____

Are you or any member of your family allergic to pets? Yes No Have you been tested? Yes No

General Information

Where will dog/cat live? House Apartment Condo Mobile Home Farm/Barn Location: Rural Urban

If rental, are dogs/cats allowed? Yes No Size Restrictions? Yes No Max. Size: _____

Complex name/phone: _____

Manager/Landlord consent required? Yes No (Please submit landlord's written consent if required)

Where will dog/cat live? Inside only Outside only Mostly inside Mostly outside

Where will the dog/cat spend nights? Inside Outside

Do you have a fenced yard? Yes No If Yes, type _____ Height: _____

Will you allow the dog to have outdoor freedom from leashes and fences? Yes No If Yes, where? _____

How many hours per day will the dog spend outside? _____ Will dog be chained? Yes 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:
 Busy (visits by friends, meetings, children, parties at home)
 Noisy (TV, stereo, machinery, tools, children playing, dogs barking)
 Moderate (Normal comings and goings)
 Quiet (homebodies, few guests)
 Other: _____

In the absence of the primary caregiver, who will care for the dog/cat?

Under what circumstances would you return the dog/cat to us? New Job Divorce New Baby Move Illness
 Other: _____

Are you willing to take responsibility if this pet acquires an illness or tests positive for heartworms? Yes No

Are you willing to seek professional help if any problem habits arise? Yes No

Have you attended any professional dog training classes in the past? Yes No

How much time are you prepared to allow your new pet to adjust to your home?

Pet Information

Have you had pets in the last five years? Yes 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	

CURRENT OR PAST VET/NAME OF CLINIC: _____ **Phone:** _____

Have you adopted before? Yes No Name of Organization _____

Do you consider your dog/cat a part of the family? Yes No Will your dog be on heartworm prevention? Yes No

Are you aware that a dog/cat is a large and lifelong commitment? Yes No

Personal References (non family member)

# 1 Name:	Relationship:
Phone:	Best time to contact:
# 2 Name:	Relationship:
Phone:	Best time to contact:

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

How did you learn about the adoption program?

Newspaper HSOC web site Facebook Adopt-a-Pet PetFinder Know another HSOC adopter
 Other _____

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 above-described animal.

 (APPLICANT SIGNATURE) (DATE) (CO-APPLICANT SIGNATURE) (DATE)