

The Humane Society of the Ohio Valley

90 Mt. Tom Road

Mt. Vernon, Oh 45750

ADOPTION APPLICATION

Our Humane Society's main concern is the welfare of the animals adopted from our shelter. In answering the questions below, it will help determine the best home for our pets.

Name: _____

Address: _____

City/State/Zip: _____

Phone: (home) _____ (work) _____

Name/address of employer: _____

Reference: _____

Address: _____

Phone: (home) _____

Do you live in an apt./house/mobile home/dorm? _____

How long have you lived there? _____

Do you rent/own? _____ IF YOU RENT YOU MUST HAVE
landlady/lord's name, address and phone: _____

What do you plan to do with your pet during vacations/summers?

Are you adopting for someone other than yourself? _____

If so please list their name, address and phone
number _____

For what purpose are you adopting an animal? _____

Have you ever brought an animal to the shelter or given one away?

Why? _____

Who is your veterinarian? _____

What name are records under? _____

Are you financially able to provide vet care with a regular
veterinary visit as well as spaying/neutering cost, grooming,
licenses, etc.? _____

Do you have children in your home? _____ Ages

Will the pet you are adopting be primarily inside or outside? _____
If the pet will be outside, do you have a secure, fenced in yard?

Do you and/or your husband/wife work full time? _____

Do you object to your animal being spayed/neutered? _____

Are you willing to sign a contract agreeing that you will have your pet spayed/neutered? _____

Please list all pets you currently own or have owned within the last 5 years.

TYPE	AGE	SEX	ALTERED	Do you still own this pet?	If no, Where is this pet now?

MUST SHOW VALID IDENTIFICATION TO ADOPT A PET.

I hereby attest that the above information and statements are true and I give permission to have any or all information verified. I understand if all information cannot be verified today that the adoption process may not be able to be completed today and I will not receive an animal until the process is completed and approved.

Applicant's Signature

Date _____

Witness/Shelter Staff

Date _____