

Applicant:_____

I am interested in the following animal (s):

1:_____

2:____

3.

Cat

HSMC staff strives to process your application as quickly as possible. Please be sure to carefully read the questions and leave nothing blank. Please feel free to contact us after 48 business hours to inquire about application status.

Adoption Application Disclaimer

HSMC will not delay processing of completed applications as it is our goal to place our animals in a timely manner. Please understand that we receive applications via internet, fax, US mail and in person; so you may not be the first and/or only applicant on any given pet! Multiple applications on one pet can result in an extended process time while we work to match the pet with best fit applicant.

HSMC reserves the right to refuse to adopt our animals to anyone. We strive to find safe, permanent placement for our pets. If in the course of our processing your application or through observations during visitations we are not confident that the match would be successful, we may deny adoption.

HSMC will not adopt out any pet it deems to be unadoptable due to severe illness or behavioral instability. You are adopting your pet from HSMC "AS IS" and assume responsibility for its health and well being. While any pet adopted must be returned to us if no longer wanted, refunds will only be given within 30 days of adoption with a letter from your veterinarian declaring said animal unadoptable and documenting the reasons for the determination.

In order for your application to be completed we ask that you submit the following information, along with the answers provided on this application:

Visits from every family member in the household, visits from other dog in the household (if applying for a dog), proof of home ownership (tax bill, mortgage statement, home owner's insurance) and/or landlord consent (signed form), proof of vaccination for current pets (via paper records or by contacting your veterinarian).

HSMC does not do adoptions as gifts.

Applicant name:	Date:				
Analisant signature.	Data				
Applicant signature:	Date:				



Thank you for considering the adoption of a pet. We recommend filling out the application as thoroughly as possible. This allows for better communication between the management team and yourself. Please be advised that incomplete applications will not be accepted.

PLEASE PRINT

Name:			Date:					
Last	First	MI	DOB					
Address:			Home Phone:					
City:	Zip:		Work Phone:					
Email:			Cell Phone:					
(Required for enr	ollment in 24PetWat	ch pet insuranc	ce)					
This is a: House: Dup	olex: Apartment:	Mobile Ho	me: Other:					
I currently: Own: An	I currently: Own: Am renting: Live with my Parents: Have a land Contract:							
Landlord's Name:		Phone	Number:					
Number of years I've been at this residence: Municipality I'm in:								
I am employed: Reti	red: Student:	Other:						
Employer: For how long?								
How many in household? Adults: Children & ages:								
List names of all adults i	n the home over the	e age of 18 year	rs:					
Have any of the adults i	n your household ev	er been convict	ed of an animal-related crime					
(neglect, abuse, running application to be denied		er criminal con	victions that may cause your					
If yes, please explain:								
Does anyone in househo	old have pet allergies	s?						

Please list any pets you have owned in the last 5 years:

SPECIES	DKEED	INAIVIE	SEX	NEUTERED	AGE	KEFT WITEKE	STILL OWN:
			MALE/ FEMALE	YES/ NO			
			MALE/ FEMALE	YES/NO			
			MALE/ FEMALE	YES/NO			
			MALE/ FEMALE	YES/NO			
			MALE/ FEMALE	YES/NO			
If not spay	ed/ neutered	, why?					
If no longe	r a pet owne	r, why?					
Are your p	ets social aro	und stranger	rs? YES / NO	Familiar face	es? YES / NO	Other animals	s ? YES/ NO
		I would like	to adopt a pe	et for: (check	all that app	ly)	
C	ompanion:	Gift: Fo	or a child:	Hunting:	Protection:	To Breed:_	
This pe	et will be kep	t in: House:_	Garage/Ba	arn: Outs	ide/Kennel:_	Outside Ch	ain:
How many	hours a day	will the pet b	e left alone?				
In case of a	an emergency	/, where wou	ıld your pet b	e held?			
(In the eve	nt that you w	vere unable t	o provide for	the pet, i.e.	: hospital, ou	ut of town for v	work, etc)
What do ye	ou estimate y	ou will spen	d annually on	pet health o	are?	Food/Groomi	ng?
	-	_				eir care. We a	-
А	re your pets	current on th	neir shots? YE	S/NO Are	your pets lic	ensed? YES / N	10
Have you e	ever surrende	red a pet to	a shelter? YE	S / NO			
If yes, why	?						
It may ta	ike a pet two	or more we	eks to adiust	to a new ho	me. will vou	allow that mi	uch time?

It may take a pet two or more weeks to adjust to a new home, will you allow that much time?

YES / NO

Companion pets can live up to 20 years— are you ready to make that long of a commitment?

YES / NO

7001 Packer Drive * Wausau, WI 54401 * (715)845-2810 * (715)849-8198 Fax

REFERENCE SECTION

Please list two references NOT RELATED to you that we may contact

	Name	Address	Phone	Relation	
\A/bic	h votorinarian	clinic are you currently usi	ng)	Dhana	
Which veterinarian clinic are you currently using? Phone:					
lt noi	ne, any vet clin	ics you have used?		Phone:	
		CAT OBED	DIENCE SECTION		
Do yo	ou plan to let y	our cat outdoors? YES / N	0		
If yes	, how will the	cat be supervised?			
Do yo	ou plan to decl	aw your cat? YES / NO			
If yes	, would you lik	e HSMC to do the declaw s	surgery? YES / NO		
(If HS	MC does the d	leclaw we can only do it fo	r unsterilized cats for	an additional fee)	
Wou	d you like the	cat that you adopted to be	tested for FeLV/FIV?	YES / NO	
(Cats	at HSMC are N	NOT tested prior to adoptio	n, test can be done f	or an additional fee)	
	Но	w do you plain to train/co	rrect/prevent the fo	llowing issues?	
Кеер	ing cat off of fu	urniture/tables?			
Кеер	cat from chew	ving on plants in the home?)		
Кеер	cat from scrat	ching furniture?			
What	: if cat stops us	ing litterbox?			
Кеер	cat from diggi	ng in plants in the home?_			
				lighttime?	
What	type of identi	fication do you plan to plac	ce on cat?		
(Som	e municipalitie	es require cats to be license	ed. Cats adopted fro	m HSMC will be micro-chipped.	

Please use application							help in p	rocessir	ng your
аррпсацог	i Oi Witti ti	ie piace	ment de	CISIOII IC	n the ar	ai	 		-