



Applicant: _____

I am interested in the following animal (s):

1: _____

2: _____

3: _____

Critter

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:** _____

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 enrollment in 24PetWatch pet insurance)

This is a: House: ___ Duplex: ___ Apartment: ___ Mobile Home: ___ Other: _____

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: ___ Retired: ___ Student: ___ Other: _____

Employer: _____ For how long? _____

How many in household? Adults: _____ Children & ages: _____

List names of all adults in the home over the age of 18 years:

Have any of the adults in your household ever been convicted of an animal-related crime (neglect, abuse, running at large) or any other criminal convictions that may cause your application to be denied? **YES / NO**

If yes, please explain: _____

Does anyone in household have pet allergies? _____

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

SPECIES	BREED	NAME	SEX	SPAYED/ NEUTERED	AGE	KEPT WHERE	STILL OWN?
			MALE/ FEMALE	YES/ NO			
			MALE/ FEMALE	YES/NO			
			MALE/ FEMALE	YES/NO			
			MALE/ FEMALE	YES/NO			
			MALE/ FEMALE	YES/NO			

If not spayed/ neutered, why? _____

If no longer a pet owner, why? _____

Are your pets social around strangers? **YES / NO** Familiar faces? **YES / NO** Other animals ? **YES/ NO**

I would like to adopt a pet for: (check all that apply)

Companion:___ Gift:___ For a child:___ Hunting:___ Protection:___ To Breed:___

This pet will be kept in: House:___ Garage/Barn:___ Outside/Kennel:___ Outside Chain:___

How many hours a day will the pet be left alone? _____

In case of an emergency, where would your pet be held? _____

(In the event that you were unable to provide for the pet, i.e.: hospital, out of town for work, etc)

What do you estimate you will spend annually on pet health care?_____ Food/Grooming?_____

(A number of pets are brought to HSMC because families cannot afford their care. We ask that you realistically evaluate what you could budget to spend for annual/emergency care in a given year.)

Are your pets current on their shots? **YES / NO** Are your pets licensed? **YES / NO**

Have you ever surrendered a pet to a shelter? **YES / NO**

If yes, why? _____

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

REFERENCE SECTION

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

Name	Address	Phone	Relation

Which veterinarian clinic are you currently using? _____ Phone: _____

If none, any vet clinics you have used? _____ Phone: _____

CRITTER OBEDIENCE SECTION

Where do you plan to keep the pet:

In cage? _____ Roam free in home? _____ Indoor? _____ Outdoor? _____

Are you familiar with the critter you are applying for? **YES / NO**

If yes, could you share some knowledge? _____

How do you plan to train/prevent/correct the following issues?

Chewing on cords/carpeting/etc? _____

If your critter does not like to be held? _____

If your critter likes to dig? _____

If your critter stops using the litterbox? _____

Please use this space for any additional comments you have that may help in processing your application or with the placement decision for the animal: _____
