

Applicant Name: _____

I am interested in the following animal (s):

1: _____

2: _____

3: _____



HSMC staff strives to process your application as quickly as possible, please allow 48 business hours. We have many questions in the application that are for informational purposes to match owners to the right pets. Don't worry about having "the right" answers; these questions are ones that a new pet owner may not have previously considered and might find helpful. We want to make lifelong matches and you have chosen to take the first step in the process!

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 find the best fit based on the pet's individual needs or history.

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 wellbeing. While any pet adopted may be returned to us for any reason, 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 in addition to the answers provided on the application:

- ☐ Visits from every family member in the household
- ☐ Proof of home ownership (tax bill) OR landlord consent (signed form)
- ☐ Proof of vaccination for current pets (via paper records or by HSMC contacting your veterinarian)

HSMC does not do adoptions as gifts.

By signing below I certify that the information I have provided is true and I recognize that any misrepresentation of fact may result in loss of adoption privileges. I authorize and understand that veterinarians, other humane societies, landlords, etc. may be contacted. This application becomes property of HSMC.

Applicant Signature: _____

Date: _____

Please fill out the application as thoroughly as possible. This allows for better communication between you and our staff. Please be advised that incomplete applications may not be processed.

Name: _____ DOB: _____

Last First MI

Address: _____ Home phone: _____

City: _____ Zip: _____ Work phone: _____

Email: _____ Cell phone: _____

(Your email is used for 24PetWatch microchip registration, 24PetWatch insurance and Maddie's Pet Assistant)

I live in a: House___ Duplex___ Apartment___ Mobile Home___ Condo___ Dorm___

I own___ rent___ Have a land contract___ Live with parents/relatives___ Other___

Landlord/Management Company Name: _____ Phone number: _____

Number of years I've been at this residence: _____ Municipality: _____

I am employed:___ Retired:___ Student:___ Other: _____

Employer: _____ Length of employment: _____

How many people are in your household? Adults: _____ Children: _____

List names, middle initials and birthdates for each adult in the household:

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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? (circle one) YES NO

If yes, please explain: _____

Does anyone in your household have pet allergies? _____

Have you ever surrendered a pet to a shelter? (circle one) YES NO

If yes, why? _____

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

Companionship:___ Gift:___ For a child:___ Hunting:___ Protection:___ To breed:___

Where will the pet be kept? House:___ Garage/Barn:___ Outside/Kennel:___ Outside Chain:___ Crate:___

On average how many hours per day will the pet be left alone? _____

What do you estimate you will spend annually on your new pet's health care needs? _____

What do you estimate you will spend annually on your new pet's food/grooming? _____

(We ask that you estimate this figure based on your research or previous pets you have owned)

It may take a pet two or more weeks to adjust to a new home, will you allow that much time? YES NO

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

Species/ Breed	Name	Sex	S/N	Age	Kept where	Still own?

(S/N = Spayed/Neutered)

If not spayed/neutered, why? _____

If no longer own a pet, why? _____

If you have pets currently, please provide the name and phone number of the veterinary clinic(s) you are using:

Clinic Name: _____ Clinic phone number: _____

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If the records are not under your name, please list the name they are under: _____

If you do not have any pets currently, please provide the name and phone number of the clinic you last used:

Clinic Name: _____ Clinic phone number: _____

Please list two NON-RELATED references that we may contact

Name	Address	Phone	How do you know this person?

Please indicate which topics you would like to discuss with your counselor? (Please circle all that apply)

Introducing your new pet to current pet(s)

Feeding/Diet

Pet care costs

Children and pets

Common medical issues

Housetraining/ litter box training

Appropriate vet care

What to do if your pet is lost

Training/enrichment/exercise

Safety proofing your home

Other: _____

Have you researched your home insurance and/or your city ordinances related to pets? YES NO

(HSMC staff will be happy to provide you with information on local ordinances)

Don't forget, your relationship with HSMC doesn't end here...we're always available to answer any questions and are invested in the success of you and your new pet!

CAT OBEDIENCE SECTION

HSMC maintains detailed behavior notes on each of the animals in our care in addition to collecting detailed information from previous owners at the time of surrender. We use this information in deciding what type of setting would be most successful for each cat. We try our best to understand their behaviors in the shelter setting but cannot match the home environment.

Do you plan to let your cat outdoors? YES NO

If yes, how often? _____

Will you restrict the cat's movement outside? Leash___ Cat enclosure___

Will the cat be allowed outside when you are not home? _____

Do you plan to declaw your cat? YES NO

(HSMC does not recommend declawing cats and will not declaw cats prior to adoption.)

Would you like the cat that you adopt to be tested for FeLV+FIV? YES NO

(Cats at HSMC are NOT tested prior to adoption. The non-refundable test can be done for \$25.00 + tax.)

How would you plan to train/prevent/correct the following behaviors should they arise with your new cat?

Keeping cat off of furniture/tables? _____

Keeping the cat from chewing on plants in the home? _____

Keeping the cat from scratching furniture? _____

What if the cat you adopt stops using the litter box? _____

Keeping the cat from digging in plants in the home? _____

Where will your new cat be kept during the day: _____ **at night:** _____

Where will your new cat be kept when left alone? _____

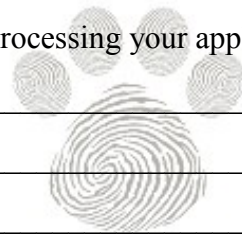
What activity level are you looking for in your new cat? _____

Would you mind if your new cat was talkative? _____

Would you mind if your new cat wasn't social with new people? _____

What would be reasons you would surrender a cat? _____

Please use this space for any additional comments you have that may help in processing your application:



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