

**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:

- ☐ 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 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: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Clinic phone number: \_\_\_\_\_

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!

## CRITTER 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 pet. We try our best to understand their behaviors in the shelter setting but cannot match the home environment.

**Where do you plan to keep the pet?**

**In a cage?\_\_\_ Roam free in the home?\_\_\_ Outdoors?\_\_\_**

**Please describe the enclosure you are planning to use for your new critter (type, size, dimensions, etc.)**

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

**If yes, could you share some knowledge?\_\_\_\_\_**

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**How would you plan to train/prevent/correct the following behaviors with your new critter?**

**Chewing on cords/carpeting/etc?\_\_\_\_\_**

**If your critter does not like to be held?\_\_\_\_\_**

**If your critter likes to dig?\_\_\_\_\_**

**If your critter stops or doesn't use a litter box?\_\_\_\_\_**

**Would you be interested in information about what diet is appropriate for your new critter? YES NO**

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

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