

Franklin County Humane Society
Adoption Application
PLEASE PRINT

Date: _____ Interested in Adopting: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Are you employed? ☐ Yes ☐ No How long? _____

Where: _____

Address: _____ City/State _____

A reference of someone who has known you at least 2 years. (Not a relative or someone living in your household.) Name: _____ Phone Number: _____

Are you 18 years of age or older? ☐ Yes ☐ No

Do you live with parents or a guardian? ☐ Yes ☐ No

Is your home a ☐ house ☐ apartment ☐ duplex ☐ condo ☐ mobile home ☐ other: _____

Do you ☐ own ☐ rent ☐ other: _____

Landlord's Name: _____ Phone Number: _____

Do you live in: ☐ City ☐ Suburb ☐ Rural

Do you expect to be moving within the next year? ☐ Yes ☐ No _____

Will the pet live ☐ indoors only ☐ outdoors only ☐ indoor and outdoor

If adopting a dog will it be chained or penned? _____

How long each day? _____

Is your yard fenced? ☐ Yes ☐ No Type and Height: _____

Is anyone in your home allergic to animals? ☐ Yes ☐ No

If so, how do you plan to deal with this? _____

How much time will your pet be alone each day? _____

How many adults in the household? _____ List ages of children in the home: _____

Do you have cats and/or dogs? ☐ Yes ☐ No

What breeds and gender? _____

Are they spay or neutered? ☐ Yes ☐ No Which ones? _____

If you had dogs &/or cats in the past 5 years, but no longer have them, what kind and what happened to them? _____

Name and phone number of your veterinarian: _____

Since most shelter animals have unknown medical backgrounds, are you prepared to take your new pet for a complete physical within 72 hours of adoption & provide necessary medical treatment? ☐ Yes ☐ No

Are you aware that the average pet costs in excess of \$500.00 per year in just food and medical care, and that the average lifespan is 15 years? ☐ Yes ☐ No

Are you prepared to care for this pet for the rest of its natural life? _____

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Do you understand why this pet must be spay or neutered? _____

Do you understand that this pet must not be sold, given away, or abandoned, but must be returned to the shelter if unwanted or can no longer be cared for? ☐ Yes ☐ No

Is this animal being adopted as a gift? ☐ Yes ☐ No If yes, for whom? _____

Where/how did you hear about us? _____

Animals at the Humane Society are from unknown origins. We can not guarantee the health of these animals with the exception of their first shots and worming.

Signature

Date

Parent/Guardian Signature

Date

Manager Signature

Date

Shelter Use Only

DL#: _____

Expires: _____

Landlord: ☐ Yes ☐ No ☐ Could Not Contact

Comments: _____

Age Verified? _____ Copy of ID: _____