

HEARTLAND HUMANE SOCIETY

314 FOX AND SAUK ROAD

OTTUMWA IA 52501

Phone: 641-682-1228



APPLICATION TO ADOPT A PET

Name of animal you wish to adopt _____

Our purpose is to place an animal in a good and responsible home where it will receive proper care, love and supervision for life so that it does not ever become a stray again. This application is to assist us in the careful selection of home placement for the pets we have available for adoption. You must be 18 years or older to adopt. We reserve the right to refuse any pet adoption.

NAME _____ SPOUSE/PARTNER/ROOMMATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ AGE (if under 21) _____

DATE _____ OCCUPATION _____ HOURS _____

Please list a personal reference:

NAME _____ RELATIONSHIP _____ PHONE _____

YOUR VETERINARIAN:

NAME _____ CLINIC OR HOSPITAL _____

_____ I agree to follow-up contact by a Heartland representative to assess the adopted pet adjustment.

_____ I agree that in the event I/we find it impossible to keep this pet for any reason, Heartland Humane Society must be contacted to discuss appropriate options for the animal.

It is Iowa law that all animals adopted from a humane shelter must be spayed or neutered. Furthermore, we will only adopt to homes where all the current pets are spayed or neutered. Plus, we reserve the right to refuse adoption to anyone for any reason, and failure to comply with specifications in this agreement constitutes just cause for Heartland Humane Society to revoke the adoption arrangement by removing said animal from your ownership and care, resulting with full ownership of the pet reverting back to Heartland Humane Society.

YOUR HOME:

Do you have children? _____ Number _____ Ages _____
Have your children had pets? _____ Was it successful? _____
Number of adults in your home? _____ Do you own or rent? _____
If you rent, do you have written permission to have animals? _____
Landlord's name _____ Phone _____
Is it an: apartment duplex townhouse single home mobile-home other _____

PETS YOU HAVE HAD DURING THE LAST 5 (FIVE) YEARS WHICH YOU NO LONGER HAVE:

Type/Breed	Where kept	Neutered/Spayed	What happened?

Have you ever adopted from an animal shelter before?: _____ If so where/when? _____
Why do you want a pet? _____
Can you commit to care for the pet you adopt for its whole life?

Who will have primary responsibility for the care and feeding of your pet? _____

YOUR DOGS:

How many dogs do you now have? _____ Breed/mix _____ Names/Ages _____
Do your dogs have any behavioral or dominance problems? _____
Do they get along with other cats & dogs? _____ Are they spayed or neutered? _____

YOUR CATS:

How many cats do you now have? _____ Names/Ages _____ Are they declawed? _____
Any behavioral or physical problems? _____
Do they get along with other cats? _____
Do they get along with dogs? _____
Are they spayed or neutered? _____

HOW WILL YOUR NEW PET SPEND ITS DAYS (CIRCLE EVERYTHING THAT APPLIES)

Indoors Outdoors Crated Basement Garage Porch Fenced Yard Tied Out Dog House KennelRun
Other _____

HOW WILL YOUR NEW PET SPEND ITS NIGHTS (CIRCLE EVERYTHING THAT APPLIES):

Indoors Outdoors Crated Basement Garage Porch Fenced Yard Tied Out Dog House KennelRun
Other _____

This pet will be alone for about _____ hours per day _____ days per week. What arrangements will you make for your pet when you are away on vacation, etc? _____

Can you afford veterinary care, grooming, emergency expenses, supplies and food for the lifetime of this pet? (These expenses can often add up to hundreds of dollars each year. Yes _____
No _____

All pets making the transition from shelter to a new home need time to adjust to a new family and many require housetraining and behavior training. Are you willing to provide any needed training? Yes _____ No _____. Information regarding the history, health and behavior of adopted animals may not be available or accurate. What behavior would you be unwilling to work with? _____

What reasons might cause you to return this pet? _____

It is very important to keep your dog on a lease outside or in a fenced outdoor area. Will you be able to do this? _____ How will your new dog be exercised? _____

I agree to allow HHS to visit your home by appointment if deemed necessary. I certify that I am at least 18 years of age, and the information I have given is true. I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a companion animal, and I understand that HHS has the right to deny my application.

I am fully aware that I am adopting a living creature and as such that HHS is unable to guarantee the health of the animal.

If this animal becomes ill, I certify that I am financially and/or emotionally prepared to treat this animal at my own expense.

Your Name (print) _____

Your signature _____

HHS signature _____

E-mail _____

Phone/Best time to call: _____

For Shelter Use. Application approved _____	Comments _____		
Fee received: Cash _____	Check _____	Amount _____	Date _____