



<b>ECCHA Office Use Only</b>
Approved: _____
Denied: _____
Date: _____
Adoption Day _____
Adoption Time _____

## ADOPTION APPLICATION

In order to be considered for adoption, you must:

- Be at least 21 years of age
- Complete adoption application in full
- Understand that we have the right to deny application

Which animal are you applying for? (name) \_\_\_\_\_ Dog, Cat or other \_\_\_\_\_

Have you met this animal? \_\_\_\_\_

### Adopter's Information

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Preferred Method of Contact : \_\_\_\_\_

Phone # \_\_\_\_\_  
 How long at this address? \_\_\_\_\_  
 Zip \_\_\_\_\_  
 DOB: \_\_\_\_\_

### Household Information

List names and ages of other members of your household:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Household Activity Level (check one): Quiet          Active          Very Active

### Pet History

What types of pets have you owned during the past 5 years?

Species	Name	Sex	Type/Breed	Kept Where (inside/outside)	Age	Neutered/Spayed List yes or no	Still Own?

As an adult, have you ever had to give up a pet?          YES          NO

If "yes" what did you do with the pet? \_\_\_\_\_

Why did you have to give the pet up? \_\_\_\_\_

If you no longer have the pets listed above, please explain what happened to them: \_\_\_\_\_

Are your pets up-to-date on all vaccinations? **YES** **NO**

Which veterinarian do you use? \_\_\_\_\_ Phone # \_\_\_\_\_

**Pet ownership questions**

If you had to move in the future what would you do with your pet(s)? \_\_\_\_\_

Are you looking for a declawed cat? What are your concerns with taking home a cat with claws? \_\_\_\_\_

How many hours per day will your new pet be alone? \_\_\_\_\_

Where will you new pet reside? \_\_\_\_\_

What are you looking for in a pet (cuddler, active, walking/running buddy, lap animal, etc.)? \_\_\_\_\_

Do you understand that the Eau Claire County Humane Association does not guarantee the health of its animals and that additional medical care may be necessary in the future? \_\_\_\_\_

**Consent**

The undersigned application hereby grants the Eau Claire County Humane permission to confirm information provided in this application. The information will be used for the sole purpose of adopting an animal from the Association. I understand that my application may be denied if any of the information is false. I also understand that completion of this form does not guarantee an adoption and the Eau Claire County Humane reserves the right to deny an applicant at its discretion.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Notes (date each note please):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

