

Pick Up Date/Time: \_\_\_\_\_ Items Required at Adoption: \_\_\_\_\_

Municipality: \_\_\_\_\_

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# Other Adoption Application



Description/Name of Other(s):  
\_\_\_\_\_

## Adopter Information

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary \_\_\_\_\_

Street Address \_\_\_\_\_ Time lived at this address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_ *\*\*must provide email address to receive free month of pet health insurance*

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Time with Current Employer \_\_\_\_\_

## Household Information

Are other people in your home experienced with this type of animal? Yes No

Does everyone in the house want to get a new pet? Yes No

Have all the members of your home met the animal? Yes No

Household activity level: Quiet Active Very Active

Please list the names and ages of other members in your household:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Do you live in a: House Apartment Dorm Mobile Home-Which park? \_\_\_\_\_

Mobile home, I own the land

Do you: Own Rent Live with family

If you rent or live with family, do you have the homeowner's permission to have this type of pet? Yes No

If you rent or live with family, what is the homeowner's name? \_\_\_\_\_

What is their phone number? \_\_\_\_\_

## Pre-Adoption Questions (please answer all)

Why have you decided to adopt a new pet? \_\_\_\_\_

What will you do to ensure you will be a responsible pet owner? \_\_\_\_\_

What do you know about this type of animal (characteristics, potential health issues, etc.)? \_\_\_\_\_

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

Do you plan to spay/neuter your pet? Yes No

Do you plan to breed your pet/let it have babies? Yes No

Do any family members have allergies to this type of pet? Yes No

Have you designated a primary caregiver for the new pet? Yes No

Please check any/all characteristics that best describe the primary caregiver:

- Retired     Stay-at-Home Parent     Employed Part-Time     Employed Full-Time  
 College Student     Child/Adolescent     Other \_\_\_\_\_

How will you exercise your pet? \_\_\_\_\_

Are you willing to deal with unforeseen circumstances this pet may present? Yes No

What brand of food will you feed your pet? \_\_\_\_\_

Do you plan to feed your new pet special treats or table scraps? Please explain: \_\_\_\_\_

Where will you primarily keep your pet? \_\_\_\_\_

Please describe any circumstances under which the pet will be kept in a different home/location and describe the home:

Approximately how many hours per day will the pet be alone (without human companionship)? \_\_\_\_\_

If you have any additional comments, please put them here: \_\_\_\_\_

## Pet Ownership Experience

\* If you have not owned any pets in the last five years, and there are no pets currently living in the home with you, please check here: \_\_\_\_\_ (you can leave the following section blank)

What Vet Clinic do you use? \_\_\_\_\_ Phone \_\_\_\_\_

What is the pet owner's name on the account at the vet clinic? \_\_\_\_\_

**In the box below, please list all pets you have owned in the last five years (including those no longer with you), and all pets currently living in the home (this includes pets belonging to roommates, etc.)**

Species (cat/dog/bird)	Name	Sex (M/F)	Type/Breed	Kept Where (In/out/both)	Age	Spayed/ Neutered (Yes/No)	Still Own? (Yes/No)

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

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### Please Read Carefully and Sign:

The undersigned applicant hereby grants the Eau Claire County Humane Association permission to confirm any information provided in this application with any appropriate third party source, including landlords, veterinarians, etc. The information obtained will be held in confidence and used only by the Eau Claire County Humane Association for purposes of this adoption application. I certify that all the information on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. I also understand that this adoption application is at its own discretion. It is specifically understood that the Eau Claire County Humane Association reserves the right to deny any adoption application at its own discretion.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Date Received \_\_\_\_\_

Home Ownership Verification: Name Listed on H/O \_\_\_\_\_  Okay  Unavailable

Landlord Verification:  N/A Contact w/ Lld \_\_\_\_\_

Approved (date/initials) \_\_\_\_\_ LLD REQUIREMENTS: \_\_\_\_\_

Denied (date/initials) \_\_\_\_\_ comments: \_\_\_\_\_

Vet Notes: \_\_\_\_\_

Pet Point: \_\_\_\_\_ Survey: \_\_\_\_\_

**Messages**

Date	Initials	Message

**Initial Contact** Date: \_\_\_\_\_ Coordinator: \_\_\_\_\_

Items for discussion

Notes/Results

Items for discussion	Notes/Results

Other notes during initial contact: \_\_\_\_\_

**Additional Contact**

Date: \_\_\_\_\_ Coordinator: \_\_\_\_\_ Notes \_\_\_\_\_

Date: \_\_\_\_\_ Coordinator: \_\_\_\_\_ Notes \_\_\_\_\_

Date: \_\_\_\_\_ Coordinator: \_\_\_\_\_ Notes \_\_\_\_\_

Other Notes: \_\_\_\_\_

**PENDING**

Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

**APPROVED**

Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

**DENIED**

Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Items Needed \_\_\_\_\_