



**MOWER COUNTY HUMANE SOCIETY  
ADOPTION APPLICATION**

Animal's Name: \_\_\_\_\_

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

Name \_\_\_\_\_ Age Over 21? \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse/Partner's Employer: \_\_\_\_\_

**Housing Information:**

Do you live in a: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo/Duplex \_\_\_\_\_ Dorm \_\_\_\_\_ With Parents \_\_\_\_\_

Mobile Home \_\_\_\_\_ Farm \_\_\_\_\_ Other (Describe) \_\_\_\_\_

RENT: \_\_\_\_\_ OWN: \_\_\_\_\_ If Renting, Landlord's Name: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Number of Adults in Home: \_\_\_\_\_ Children in Home: \_\_\_\_\_ Children's Ages: \_\_\_\_\_

Are any family members allergic to animals? Yes \_\_\_ No \_\_\_ If so, explain \_\_\_\_\_

Has any member of the household been convicted of a felony? Yes \_\_\_ No \_\_\_ If so, explain \_\_\_\_\_

**Pets Currently Living With You:**

Pet's Name & Breed \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Sterilized? \_\_\_\_\_

Pet's Name & Breed \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Sterilized? \_\_\_\_\_

Pet's Name & Breed \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Sterilized? \_\_\_\_\_

**Former Pets:** Name & Breed: \_\_\_\_\_ What happened to this pet? \_\_\_\_\_

Name & Breed: \_\_\_\_\_ What happened to this pet? \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

What is the clinic's phone number? \_\_\_\_\_ Contact name \_\_\_\_\_

Where will your pet live? In your home \_\_\_\_\_ Outside kennel \_\_\_\_\_ Barn \_\_\_\_\_ Other \_\_\_\_\_

How will the pet be prevented from running at large? \_\_\_\_\_

On average, my pet will be alone \_\_\_\_\_ hours per day.

I have friends or family that visit regularly. They are: \_\_\_\_\_

Someone in the proposed home or someone who may be a regular visitor is nervous or unsure of pets: No \_\_\_\_\_ Yes \_\_\_\_\_ Yes(explain) \_\_\_\_\_

I understand that the adoption is subject to my agreement to take care of the animal in a safe and healthy manner and that ownership of the pet may be revoked by the Mower County Humane Society ("MCHS"), if MCHS determines, in its sole discretion that I have provided false information on this application or have not followed the terms of this agreement. An MCHS representative will be granted the right to visit my home at any time prior to or after any adoption to assess the conditions, such that there is adequate food, water, correct shelter and proper health care for any pet. If MCHS finds, in its sole discretion, that I am in violation of these terms, the animal may be removed from my home (or its placement) at any time and without advance notice. Adopter understands that the dog will be returned to MCHS if the adoption does not work. The dog will not be privately rehomed.

Yes \_\_\_\_\_(initial)

I understand the MCHS is a volunteer organization which places animals in homes and that my adoption fee is a nominal amount intended to partially offset MCHS costs. I understand that MCHS makes every effort to ensure the health of animals and that it makes no warranty, representation or guarantee as to the health of any animal. I agree to waive any claim against MCHS arising out of any adoption or this application, and agree to hold harmless MCHS, its officers, volunteers or agents from any claim, loss, injury or damages as well as indemnify and defend MCHS, its officers, volunteers or agents to the fullest extent of the law regarding any related claim, loss, injury or damages.

Yes \_\_\_\_\_(initial)

I have responded truthfully to the above questions: \_\_\_\_\_

Name

Date

### MCHS USE ONLY

Name of Animal \_\_\_\_\_

Adoption Fee \_\_\_\_\_

Tag# and year \_\_\_\_\_

Date Adopted \_\_\_\_\_

Clinic \_\_\_\_\_

Date Adoption denied \_\_\_\_\_

MCHS Rep Initials \_\_\_\_\_