

**CLINTON HUMANE SOCIETY
ADOPTION APPLICATION**

All information must be given to be considered for adoption. Please write neatly.

NAME _____ PHONE _____ DATE _____

ADDRESS _____

CITY/STATE/ZIP _____

TYPE OF PET I AM LOOKING FOR _____

DOG ADOPTION:

Do you have a fenced in yard? _____ If yes, how high? _____ How often will you take the dog for a walk? _____

How long will the dog be left alone each day? _____ Will this be an indoor or outdoor pet? _____

If outdoors, how will the dog be contained? _____

CAT ADOPTION:

Are you looking for an indoor or outdoor cat? _____ If indoors, will the cat be allowed outside at all? _____

ALL ADOPTIONS

Do you own your own home? _____ How long have you lived in your current home? _____ In this area? _____

What type of home do you live in? (House, condo, apartment, trailer, etc.) _____ Approx. # of square ft. _____

Do you have children at your residence _____ How many _____ Ages: _____

List all adults (other than applicant) that live at the residence and you're your relationship to them.

Does anyone in your home have an allergy to animals? _____ Who will be caring for the new pet? _____

List the pets you have owned in the last FIVE years.

SPECIES (cat, dog, etc.) BREED SEX NAME Where is that pet now? If not with you, explain.

Are all of the pets listed above up to date on their vaccines? _____ Are your current pets spayed or neutered? _____

Who is/was your current veterinarian(s)? _____ Phone: _____

How many years have you been with this vet? _____ Do you agree to keep the adopted pets' vaccinations up to date? _____

Do you agree to purchase the required licenses? _____ Do you agree to annual veterinary care for the animal? _____

Who is your employer? _____ For how long? _____ Phone: _____

If not with current employer for at least 6 months, please list past employer(s) and phone number

If self employed, please explain _____

Other source of income _____

List three references with addresses, phone numbers, and your relationship to them (no family members).

a. _____

b. _____

c. _____

Do you understand this pet will be spayed/neutered before it leaves this building? _____

(FAILURE TO DO SO IS A VIOLATION OF IOWA CODE 162.20 AND CLINTON CITY ORDINANCE 1648.)

I, the undersigned applicant, understand that the Clinton Humane Society maintains the right to contact references and to deny this application. I understand that adoptions are NOT first come, first serve, and that the best available home will be chosen for the animal. I hereby certify that all information given is truthful and accurate.

Signed: _____ Please sign the disclaimer on the reverse side as well.

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CLINTON HUMANE SOCIETY DISCLAIMER

1) I understand that I may be taking an animal home that could be on medication at the time of its adoption. If the animal is on medication, it was prescribed by a Veterinarian for a diagnosed illness. Even though an animal is on medication, some veterinarians recommend sending an animal home as it will recover better in the home environment. Some illnesses such as ring worm are contagious, and the animal will not be released until we or the veterinarian feel it has recovered. We will to the best of our ability make sure your animal is ready to go home and free from illness. At the time of adoption, the animal may or may not be released due to the nature of the illness. Stress of a new home and a move may bring the animal's immune system down and the new pet may have a reoccurrence of the illness.

There are some situations which we may give prescribed medication to you to administer to your new pet. The medication should be given to the animal through the veterinarian recommended time. The Clinton Humane Society will be responsible for the initial medication. After the 7 day trial period, you will as the new owner of the pet will be responsible for refills of this medication, or the purchase of any new medication given to you by your Veterinarian. We do the best we can to make sure the animals are healthy, but we unfortunately cannot afford to medicate all animals for an extended period of time.

2) I understand that if the cat or kitten I chose to adopt tests positive for feline leukemia at the time it is being altered, it will be euthanized. Feline leukemia is a potentially fatal disease and it is best for the animal to be euthanized humanely.

Applicant's signature _____ Date _____

Mail Completed Applications to:

Clinton Humane Society
1473 Main Avenue
Clinton, IA 52732

Or fax to: 563-241-1292

Be sure to include your landlord's written permission if you rent your home, and the contact information for your veterinarian and references.

Please call the Humane Society in 24 hours to see if you application has been approved. Please indicate on the application which animal you are interested in.