

Green County Humane Society

1500 6th Ave. P.O. Box 54, Monroe, WI 53566

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Date of Application _____
Rec'd by _____
Date of Approval _____
Approved by _____

Application for: Adoption of Dog Name of Dog _____
 Adoption of Cat Name of Cat _____
 Outdoor Animal Name _____

ADOPTION APPLICATION

Welcome to Green County Humane Society. THANK YOU for considering the adoption of a shelter animal. Our adoption program goal is to find forever loving homes for the animals in our care. We will work with you to find the match that is in the best interest of the animals and adopters..

AGREEMENT OF ADOPTION

Please read the following and initial that you agree and understand the terms of adopting from GCHS.

- I agree to provide the animal with humane care, food, water, shelter, exercise, vet care, and licensing, and follow all local, county and state laws and regulations.
- I am adopting this animal as a pet for my family and agree NOT to sell or use the animal for EXPERIMENTAL or MEDICAL RESEARCH, FIGHTING, or ILLEGAL use.
- I understand that some animals may have behavioral issues, and if any, will not hold GCHS responsible for any actions by the animal, including bites and /or property damage.
- I accept the responsibility of this animals future health care and understand that there is no guarantee on the health of any animal.
- If I am unable to keep the animal I agree to return the animal to GCHS within two (2) months of the adoption date.
- I understand that there are no refunds on adopted or returned animals after 7 days. If an animal is returned before the 7th day a refund of 25% of the adoption fee will be returned.
- I have been fully informed of behaviors exhibited or observed by GCHS staff by this animal and have received a copy of any documented incidents.

By signing this agreement, I certify that I am at least 18 years of age and all information provided is true. I recognize any misrepresentation may result in denial of this application. I understand that GCHS has the right to investigate all statements made in this adoption application including references, veterinary records, landlord. I understand that this form is the property of the GCHS and the application will be kept on file for 6 months. I understand that GCHS has the right to accept or deny any application.

Signature _____

Date _____

PLEASE PRINT – APPLICANT INFORMATION:

Name: _____

Address: _____ City/State/Zip: _____

County: _____ Email: _____

Phone#: _____ Work # _____ Cell #: _____

Driver's License #: _____

HOUSEHOLD INFORMATION:

Do you live in a: House Apartment Condo Duplex Mobile Home Dorm

Do you (check one): Own Rent Live w/parents or relative Room mates

Name of Landlord: _____ Phone #: _____

Are you a first time pet owner? Yes No

Is everyone in the household in agreement with the adoption of this animal? Yes No Don't Know

of adults in household: _____ # of children in household: _____ Ages of children: _____

Who will be responsible for the care and feeding of this animal? _____

Does anyone in the household have allergies to pets? Yes No Unsure

PERSONAL REFERENCES: Please provide 3 references

NAME	PHONE #	BEST TIME TO CONTACT	RELATIONSHIP

I heard about GCHS: from a friend from a family member newspaper internet TV/radio
 Web site while attending a GCHS event Other _____

ANIMAL INFORMATION:

Do you want a pet for: Companionship Gift Guard Working Animal Hunting

I prefer a: Male Female Kitten/puppy (up to 6 months) 1-4 Years 5- 7 Years Senior

What level of activity do you prefer: Mellow/quiet Low activity Medium activity High activity

Breed Preference: Dog _____ Cat _____

Is this animal going to live: Indoors only Outdoors only (inspection required) Both

Have you ever adopted from GCHS before? Yes When? _____ No

Have you ever had to give up an animal? Yes When? _____ No

Please explain _____

Animals Currently in your household or had over the past 5 years:

Pet Name	Breed	Age	Sex	Altered	Shots Current	Current Status of Pet

Vet Name: _____ Clinic: _____ Phone # _____