

St. Charles Humane Society/Animal Shelter

Application for Adoption

Date: _____

Applicant/Co Applicant:

Name(s): _____

Occupation(s) _____

Home information: (A home check may be required prior to the application being approved.)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work phone _____

Email Address _____

Is your yard fenced? _____ Type of fence _____ height _____

How long have you lived at your current address? _____ Do you own or rent? _____

If renting, provide landlord's name and number _____

A complete answer to the following questions will enable us to become more familiar with your request and requirements and will help us find the right animal to match your needs and expectations.

Which animal here you are interested in? (Name of animal) _____

Why are you interested in this particular animal? _____

Where will the pet be housed? Inside Outside Both (Explain): _____

Do all members of the household share your interest in adopting a pet? _____

Age of self and all other living in the home _____

Have you ever sold, given away, or surrendered a pet to a shelter? _____ If yes, please explain why. _____

Have you ever had to euthanize an animal? _____ If yes, specify why. _____

What arrangements will you make for your pet when you travel? _____

When you evacuate for a hurricane, what will you do with your pet? _____

Have you or any member of your household ever been cited for animal law violations? _____

In your opinion what would be a good reason to not keep this pet? _____

Please list all the pets you have owned in the past five years: (if deceased, explain why and age)

| Name | Breed | Sex | Age | How long owned? | Spay or neutered | What happened to the pet, if no longer with you? |
|------|-------|-----|-----|-----------------|------------------|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

Please provide all information of your current veterinarian.

Name of Vet clinic: _____ Phone # _____

Where do you purchase heartworm prevention? _____

What type of heartworm prevention are your dogs on? _____

How often do they take it? _____

Have you used any other vets in the past 5 years, if so please provide a name and phone number? _____

If you do not have a vet, where do you plan to take your pet? _____

I (We) attest that the information provided on this application is true and accurate to the best of my (our) knowledge. I (we) understand that completion and submission of this application does not guarantee adoption of a animal from St Charles. I (we) hereby permit St Charles Animal Shelter to contact my (our) veterinarian(s) and landlord if applicable.

Applicant's signature _____ Date _____