

Shelter
 833 N. Telegraph Rd.
 Monroe MI 48162
 Phone- (734)243-3669
 Fax- (734)243-1696



**Humane
 Society**
 of Monroe County

Administrative Office
 P.O. Box 1457
 Monroe, MI 48161
 Phone – (734) 240-0562
 Fax – (734) 240-0560

Adoption Application

Before completing this application you need.

- **Driver's license** (or State of Michigan ID card) with current address.
- **Veterinary records for any current pets** or pets owned in the last five (5) years or provide vet's phone number.
- **All members of your household:** HSMC prefers (and in some cases requires) that all members of the household meet and are comfortable with the pet.
- **Any canine family members:** HSMC prefers (and in some cases requires) dog-to-dog meetings between your current dog(s) and potential new canine family members.
 - Renting (Proof of consent from landlord)

DATE: ___/___/___ **Cat** ___ **Dog** ___ **Animal name:** _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone** _____ **Cell Phone:** _____

Email: _____

1) Own ___ Rent ___ Live with Parents ___ Type of residence (apt, house, etc.) _____

1a) My yard is: Fenced In _____ Partially Fenced In _____ Not Fenced In _____

1b) I have provided written proof from landlord _____ Yes _____ No _____ n/a

Landlord Name: _____ Phone Number: _____

2) Are there currently any pets in your home? _____

2a) Any previous pets? _____ If so, what happened to them? _____

2b) I have provided proof of my animals vaccine history _____ Yes _____ No _____ n/a

Veterinarian Name: _____ Phone: _____

Pet Name	Breed	Age	Sterilized	Current on all Vaccinations?	What happened to this animal?

I am adopting for ___ Myself ___ My child(ren) ___ My family ___ A friend ___ A relative

There are _____ Adults and _____ Children in my home. (Children Ages _____)

Does anyone in the home have medical and/or allergy conditions? _____ If yes who: _____

Where will the dog/cat be routinely living? _____ Inside _____ Outside _____ Both

I need an animal that will tolerate being alone for _____ hours per day.

WHAT BEHAVIORS ARE YOU UNABLE TO TOLERATE FROM A DOG/CAT _____

*HOW WILL YOU DISCOURAGE UNWANTED BEHAVIORS _____

Are you aware rescue animals may have **unknown medical and behavior history**? _____

REFERENCES

Please list four people (parent, neighbor, vet) as pet references.

Name _____ Phone _____ Relationship _____ Yrs known _____

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Dear Potential Dog/Cat Parent,

In order to protect our beloved canine and feline friends, we conduct thorough reference and veterinarian checks to make sure that our animals will receive the loving homes they deserve. Each one of our animals has different needs and we try to place them accordingly. Please keep in mind that by completing this application it does not guarantee that you will be approved.

The Humane Society of Monroe County reserves the right to refuse adoptions to anyone. No animals will be adopted to persons having a history of losing, giving away, selling or having animals injured or killed. No animals will be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application. We will contact your veterinarian (if you have one) and all other needed individuals to verify information on the adoption application.

I certify that all of the previously disclosed information is true and any falsification will result in the rejection of the application and/or repossession of the animal. I have read the application and agree to all terms stated. By signing below, you give the Humane Society of Monroe County permission to contact the references listed on your application.

Applicants Signature

Date

OFFICE USE ONLY _____ Person completing reference check _____

Name of animal _____ Name of Applicant _____

Renting Proof _____ Yes _____ No _____ n/a

Fenced in Yard _____ Yes _____ No

If living with a parent did parent approve _____ Yes _____ No _____ n/a

Vet Proof Provided _____ Yes _____ No _____ n/a

Meet and greet completed? _____ Yes _____ No _____ n/a

How did the meeting go? _____

PERSONAL REFERENCE CHECK (please let reference know that all information is confidential)

#1 Name _____ Date ____ / ____ / ____

Relationship _____ Years known _____

Number of people in the home _____ Do they live in ____ Apartment ____ House ____ Modular
____ Condo ____ Other

Are there current pets _____ How many? _____ What type _____

Any previous pets _____ What happened to them? _____

Do you feel that this individual will be a responsible pet owner? _____

Do you feel there is any reason this individual should not be able to adopt?

Other comments _____

#2 Name _____ Date ____ / ____ / ____

Relationship _____ Years known _____

Number of people in the home _____ Do they live in ____ Apartment ____ House ____ Modular
____ Condo ____ Other

Are there current pets _____ How many? _____ What type _____

Any previous pets _____ What happened to them? _____

Do you feel that this individual will be a responsible pet owner? _____

Do you feel there is any reason this individual should not be able to adopt?

Other comments _____

Is the individual approved _____ Is the individual denied _____ If denied please explain

If the individual is denied please call them and let them know they are not approved at this time. (Ex. There was not sufficient vaccine history, etc) If the animal is not the right fit for the family, please try to recommend an animal that would be a better fit.