

Adoption Application

Chippewa Humane Association

Adopter Information

Are you over 18? Yes No

Name _____ Primary Phone _____

Secondary Person (if applicable) _____ Phone _____

Email _____

Street Address _____

Time lived at this address _____

City _____ State _____ Zip _____

Date of Birth _____ Place of

Employment _____

Work Phone _____ Occupation _____

Time with Current Employer _____

Household Information

Are other people in your home experienced with dogs/cats? Yes No

Does everyone in the house want to get a new dog/cat? Yes No

Have all the members of your home met the animal? Yes No

Household activity level: Quiet Active Very Active

Please list the names and ages of other members in your household:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

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

Do you: Own Rent

Do you have the homeowner's permission to have a dog/cat? Yes No

If you rent or live with family, what is the homeowner's name? _____

What is their phone number? _____

Pre-Adoption Questions (please answer all)

What is the name of the animal you are interested in adopting? _____

Who is this pet being adopted for? Myself/My Family For friend as gift

Why have you decided to adopt? _____

What will you do to ensure you will be a responsible owner? _____

What do you know about the breed(s) you want to adopt (breed characteristics, potential health issues, etc.)? _____

What happens if you get another animal that doesn't like this animal?

What happens if it has accidents in the house? _____

Do you plan to spay/neuter? Yes No N/A- already done

Do you plan to breed? Yes No N/A

Do any family members have allergies? Yes No

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Do you intend to declaw this cat? No Front declaw Front & Back declaw

Reason: _____

Are you aware of the behavioral problems that can come from declawing your cat?

Yes No

It may take the new pet a month or longer to adjust to your home. Are you prepared for this adjustment period? _____

Are you committed to spend 12- 20+ years providing health care, food, grooming & attention to the cat/dog? Yes No

Pet Ownership Experience

In the box below, please list all pets you have owned in the last five years (including those no longer with you), and all pets currently living in the home (this includes pets belonging to roommates, etc.) If you no longer have any of the pets listed above, please explain what happened to them:

(cat/dog/bird)	me	Sex (m/f)	Type/Breed	Kept Where (in,out,both)	Age	Spayed/Neutered (yes/no)	Still own (yes/no)

* If you have not owned any pets in the last five years, and there are no pets currently living in the home with you, please check here: _____ (you can leave the following section blank)

What Vet Clinic do you use? _____ Phone _____

What is the pet owner's name on the account at the vet clinic? _____

Please Read Carefully and Sign: The undersigned applicant hereby grants the Chippewa Humane Association permission to confirm any information provided in this application with any appropriate third party source, including landlords, veterinarians, etc. The information obtained will be held in confidence and used only by the Chippewa Humane Association for purposes of this adoption application. I certify that all the information on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. I also understand that this adoption application is at its own discretion. It is specifically understood that the Chippewa Humane Association reserves the right to deny any adoption application at its own discretion.

Signature _____ Date _____