



**Marion County  
Humane  
Society**

(304-)366-5391

mchswvnokillshelter@gmail.com

**ADOPTION APPLICATION**

<u>Adopter Please Complete:</u>	<u>For Staff Use Only:</u>
Animal's Name: _____	Veterinarian Check: _____ init. _____
Date Application Submitted: _____	Landlord Check: _____ init. _____
	Personal Check: _____ init. _____

**Please fill out the entire application portion completely.** Your application will **not** be processed if you leave blanks. If you rent, you **must** provide the name and phone number of your landlord. You need to also provide the name and phone number of your veterinarian or the one you intend to use.

Name : \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Pet you are looking for: \_\_\_\_\_

Why do you want a pet?: \_\_\_\_\_

What experience do you have with companion animals?: \_\_\_\_\_

\_\_\_\_\_

Name/Species/Breed/Age of Current Pets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are They Spayed/Neutered?: \_\_\_\_\_

If not, Why?: \_\_\_\_\_

Your Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*\*\*Please call and notify your vet we will be calling and it is okay to speak to us regarding the health and history of your pets\*\*\*

How many people in your household?: \_\_\_\_\_ Adults: \_\_\_\_\_ Children/Ages: \_\_\_\_\_

Do you own or rent your residence?: \_\_\_\_\_

Type of residence: single family \_\_\_\_\_ duplex \_\_\_\_\_ trailer \_\_\_\_\_ apartment \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long have you lived there?: \_\_\_\_\_ Size of yard: \_\_\_\_\_

Is the yard fenced?: \_\_\_\_\_

How long have you been looking for a pet?: \_\_\_\_\_

Where else have you looked?: \_\_\_\_\_

Where will the pet be kept during the day?: \_\_\_\_\_

Nights: \_\_\_\_\_ How many hours a day will pet be left unattended?: \_\_\_\_\_

Have you ever given up a pet?: \_\_\_\_\_ If yes explain: \_\_\_\_\_

What will happen to your pet if you move?: \_\_\_\_\_

Change jobs?: \_\_\_\_\_ Have a child?: \_\_\_\_\_

Are you willing for one of our volunteers to do a home visit?: \_\_\_\_\_

Please give 3 personal references (**Name & Phone**):

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***SPAY/NEUTER INFORMATION:***

***All animals in the household must be spayed or neutered prior to adoption of a shelter animal and must also be current with a Rabies vaccine.***

Spaying or Neutering may or may not have been completed prior to adoption of your shelter animal. If the surgical procedure has not yet been performed, it will be the responsibility of the new owner to follow the instructions given to them at the time of the adoption. If these directives are not followed, the pet will be reclaimed by the shelter.

***ADOPTER'S OBLIGATIONS:***

The animal will reside indoors as a family member and cannot be outdoors without proper supervision. The animal cannot be in a crate for more than **8** hours a day. Adequate food and water must be supplied on a regular basis.

The animal must receive proper veterinary care. This includes yearly check-ups, vaccinations, and preventatives.

You agree to abide by all state and local animal control and leash laws. The animal must wear a rabies tag and license (when necessary) at all times. It is **your** responsibility to become familiar with these laws.

***RETURN POLICY:***

Marion County Humane Society desires a successful adoption for both the animal and the new pet owners. However, if a situation arises within the first **5** days of the adoption, the animal can be returned to the shelter for a full refund. Please be aware that it takes at least **2 weeks** for a pet to adjust to its new home, especially if you have other pets. The MCHS will make every effort to assist you with this new transition.

If for any reason the adoption is not satisfactory or if health/life changes make it necessary to give up the animal, it can be returned to the Marion County Humane Society with a waived surrender fee. If you do decide to rehome the animal you are required to notify MCHS beforehand.

**Marion County Humane Society reserves the right to follow-up on this adoption in order to protect the welfare of the animal. If an omission or untruth is discovered after the adoption takes place or the adopter does not uphold the terms and conditions of this contract, MCHS reserves the right to annul the adoption and reclaim the animal.**

*I have read all of the questions carefully and answered truthfully. I give Marion County Humane Society permission to investigate all of the information that I have provided.*

*Some applications are declined not because of any of the information provided but because the particular animal may be determined not to be a good match for that home. Marion County Humane Society will discuss this with the applicant. I understand that Marion County Humane Society will decide which home is most appropriate for each animal in their care and that their decision on the appropriate home is final.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_