



# HUMANE SOCIETY

## RICHLAND COUNTY

3025 PARK AVENUE WEST • ONTARIO, OH 44906 • WWW.ADOPTOURSTRAYS.COM

Application # \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Office Use Only:

### Adoption Application/Contract

Incomplete adoption applications will not be accepted. Those applications without veterinary and/or landlord contact information (if applicable) will not be accepted. Please understand your answers to these questions help us determine the best homes for our animals. By applying for the adoption of a shelter animal, you hereby give your veterinarian(s) and other references permission to disclose pertinent information to the Humane Society of Richland County.

#### Animal Information

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

Animal Species: \_\_\_\_\_

Animal Breed: \_\_\_\_\_

Animal Color/Description: \_\_\_\_\_

#### Adopter(s) Personal Information

Adopter(s) Name(s):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

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

Home phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

Personal reference: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_



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### Household Information

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Live with parents \_\_\_\_\_

\*If you rent:

\*Landlord's name: \_\_\_\_\_

\*Landlord's Address: \_\_\_\_\_

\*Landlord's phone: \_\_\_\_\_

**\*Please note that we must be able to contact your landlord and confirm your permission to keep a pet.**

Please list the ages of all other adults and children in the home:

Number of children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Number of adults: \_\_\_\_\_ Ages of adults: \_\_\_\_\_

Do you have the consent of all the adults in the home for a pet? \_\_\_\_\_

Do you own any other animals?    Yes    No                      Are they spayed/neutered?                      Yes    No

Please list the type and sex of other pets in the home:

Type of other pets: \_\_\_\_\_

Sex of other pets: \_\_\_\_\_

Are they inside or outside pets? \_\_\_\_\_



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### Veterinarian Information

Who is your current veterinarian? \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name and phone number of any other veterinarians you have used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where will this animal spend most of each day? \_\_\_\_\_

How many hours will this animal be alone each day? \_\_\_\_\_

### Health Statement

I understand that all of the animals adopted from the Humane Society of Richland County are examined for disease, neutered and vaccinated appropriately for their age. I understand that they are free from infection to the best of the knowledge of the Humane Society. However, I accept that they may be harboring viral or bacterial infections unknown to the Humane Society of Richland County. (Please initial) \_\_\_\_\_



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### Financial and Physical Statement

I hereby testify that I am financially and physically able to care for this animal. I understand that proper food, veterinary care, bedding, toys, crate and so on can be costly and I am able to meet these requirements.

I further testify that I am physically fit to provide all necessary activities for my pet. (Please initial) \_\_\_\_\_

### Truthfulness Statement

I understand that if the information contained herein is found to be false, my application can be refused or said adopted animal shall be relinquished to The Humane Society of Richland County without a refund of the adoption fee. (Please initial) \_\_\_\_\_

### Adoption Fee Statement

I understand that the adoption fee is non-refundable and the animal is to be returned to the Humane Society if I can no longer care for him/her. I also understand that abandonment of an animal is illegal under the Ohio Revised Code. (Please initial) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_