



Marion County Humane Society

1701 E Pleasant P.O. Box 655

Knoxville, IA 50138

Adoption Application

For Office Use Only
<input type="radio"/> Approved
<input type="radio"/> Denied
Initials: _____
Date: _____

Please provide the following information to help determine if the pet you are considering adopting is well-suited to your lifestyle, home and family and that it will be placed in an environment compatible with its needs.

Name of the pet you are interested in adopting: _____ Date: _____

Your Name: _____ Your Age: _____

Address (Not P.O. Box): _____ City/ State/ ZIP: _____

Main Phone Number: _____ This number is a: Home Phone Cell Phone

Occupation: _____ Employer: _____

1. I want this pet for (Mark all that apply):

Companion Outdoor Only Protection/Guard Dog Family Pet Companion For Another pet
A Gift For _____ Other _____

2. It can exceed \$400 per year to care for a pet. Can you meet this responsibility?

3. I live in a (Circle all that apply): House Apartment Mobile Home Farm Condo Dorm

4. Circle one: I rent my home I own my home I live with my parents I rent to own
Landlord, apt. manager, or parents name: _____ Phone: _____

5. Ages of everybody in your household:
Men: _____ Women: _____ Children: _____

6. Is anyone in your home allergic to animals? _____ Dogs or Cats: _____

7. In your absence (Vacation, trips, etc....), who will care for your pets? _____

8. List all pets that you have had in the past 5 years

Name	Cat/Dog Breed	Age	Altered	Up to date on Vaccinations	Still have? If Not, Why?	Kept Where?

9. Your Vet. (for reference): _____ Phone: _____

10. Personal reference: _____ Relationship: _____

Phone: _____

11. Do you plan to move within the next year?: _____

12. If so, what will you do with your pets?: _____

13. Where will this pet stay during the day and at night: _____

14. If they are kept outside, how will they be confined (tied out, fenced in, free roam) _____ Will they have appropriate shelter _____ Type of shelter (barn, dog house, etc...) _____

15. Approximately how many hours a day will this pet be left alone, and where will this pet be kept in your absence?: _____

16. An animal can live 12-15 years. Are you ready for this commitment?: _____

17. Can you allow this pet two or more weeks, to adjust to your home?: _____

18. What behavior would you not be willing to work with?: _____

19. Some pets still need training after adoption. Would you be able to handle working with them? _____

For Dogs Only:

What will you do if the dog gets bigger than expected?: _____

Will you take your new pet to training classes?: _____

Have you house or crate trained a puppy before?: _____

Have you adopted a pet before? _____ If yes, do you still have it? _____

Have you ever taken a pet to a shelter or Humane Society? _____ If yes, Why? _____

How did you find out about our shelter or the pet you are interested in? Circle One:

Picture in Newspaper Shelter Visit Facebook Petfinder Adopt-A-Pet Other: _____

By signing below, I certify that the information given is true and I recognize that any misrepresentation of facts may result in my losing the privilege to adopt. I understand that the Marion County Humane Society has the right to deny my request to adopt an animal, and I authorize investigation of all statements in the application. I understand that this application is the property of the Marion County Humane Society.

Applicant Signature: _____ Date: _____