

Adoption Application

If you are interested in adopting a pet from Tunica Humane Society, please read this information and complete the application below. Be sure to print legibly and if an item is not applicable, please write N/A. Applications are reviewed thoroughly and we will also discuss with you. Vet reference check and a home visit may be required. Adoptions are not completed on a first come first serve basis, we work to place each pet in the home that is the best fit for them.

While pet ownership is very rewarding, it is also a financial and emotional responsibility. Once an adoption is finalized, you will be responsible for all health costs pertaining to the animal you choose. If the animal you choose is not altered yet, you must agree to have the pet spayed/neutered at the appropriate time determined by our vet. Tunica Humane Society will cover the cost. Our goal is to find good, responsible homes for our rescues. We expect you to provide love, a safe healthy environment and routine veterinary care for the pet you adopt. Failure to do so may result in your forfeiture of the animal. The Tunica Humane Society makes every reasonable effort to provide the proper care and medical attention for our rescued animals. We can assume no responsibility for behavioral or health problems that occur after the adoption is finalized. Adoption fees are a source of income to help all of our animals and are not refundable.

Is there a specific animal you are interested in? Yes No Name: _____

How soon will you be ready to adopt: _____

How did you find out about THS: _____

Type of pet wanted: puppy adult dog kitten adult cat Sex wanted: male female

Explain any physical preferences you have, such as: breed, adult size, fur type, color, etc... _____

Describe the personality, temperament and activity level that you are looking for in a pet: _____

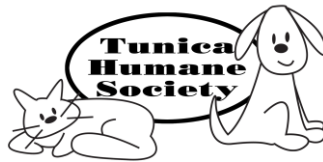
Applicant Name: _____ Age: _____

Phone Numbers: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____



Employer: _____ Occupation: _____

Co-Applicant Name: _____ Relation to Applicant: _____

Age: _____ Phone Number: _____

Email: _____

Employer: _____ Occupation: _____

Are there any other adults other than those listed above, living in the home full or part time? _____

If so, please explain who: _____

Number of children living in the home full or part time: _____ Ages of Children: _____

Is everyone in the home in agreement about adopting a pet? Yes No

Is anyone in your home allergic to pets? Yes No

Why do you want to adopt a pet? Family companion Companion for pet Protection/guard dog

Gift for _____ Other _____

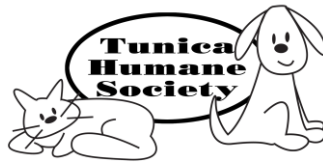
Will this be your first pet? Yes No Have the children in the home been around pets before? Yes No

Do you have any pets currently? Yes No If yes, please list below. Write on the back of this page if more space is needed.

Name	Breed/Type	Age	Sex	Spayed/ Neutered	How long have you had the pet?
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	

If you have a pet that is not spayed or neutered, please explain why:

_____ Have your current pets been around other animals? Yes No



Do you have any concerns about your current pets accepting a new pet in the home? Yes No

If yes, why? _____

Current veterinarian: _____ Clinic name: _____

Phone: _____

How long have you used this vet? _____ Have you seen this vet in the past 12 months? Yes No

If you don't currently have a vet, who was your previous vet? _____

Phone Number _____ How long has it been since you have seen this vet: _____

Are your pets current on vaccinations Yes No

Are your pets current on heartworm prevention? Yes No

Residence: House Apartment Townhouse Condo Mobile Home Other _____

Own Rent Length of time of current residence: _____

If renting, does your landlord allow pets? Yes No

Landlord's name and phone number: _____

Are there any size or breed restrictions where you live? Yes No

If yes, what? _____

Is your yard: Fully Fenced Partially Fenced Not Fenced Have a dog run/kennel No Yard

If you have a fence, how tall is it and what is it made of? _____

Do you plan to move in the next 12 months? _____

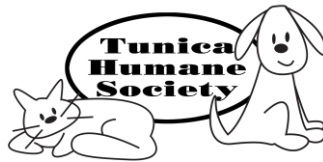
If yes, please explain. _____

I plan to keep my pet: mostly indoors mostly outdoors both

On average, how many hours would your pet be home alone each day? _____

Where will your pet be when you are home? _____

Where will your pet stay when you are not home? _____



Do you have a doggy door? Yes No

Do you have a pool? Yes No

How often do you travel? _____

Who would take care of your pet when you travel? _____

Are you willing to crate train your pet? Yes No

Are you willing to take your pet to obedience training if needed? Yes No

Are you willing to work with a new pet on housebreaking? Yes No

What will you do if you dog misbehaves or becomes destructive? _____

Please list all pets you have had in the past 10 years, but who no longer live in your home. Write on the back of this page if more space is needed.

Type/Breed	Length of ownership	Reason you longer have this pet

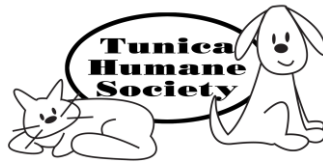
Under what circumstances would you not keep your adopted pet? i.e. Moving, destructive behavior, have a baby, cost of care, divorce/marriage, shedding, medical issues, etc... _____

Have you ever adopted a pet from a rescue organization previously? Yes No

If so, which organization and when? _____

Do you still have the pet? Yes No

If you become unable to care for this pet at any time in the future, do you agree to return it to Tunica Humane Society? Yes No



Will you keep an ID tag with current contact information on your pet at all times? Yes No

Will you allow us to do a home visit before adoption? Yes No

Will you allow us to do a follow up visit to you home after adoption? Yes No

Would it be ok for us to contact you following adoption for an update your pet? Yes No

Will you ensure your pet remains up to date on vaccinations, is on heartworm preventative and receives any necessary medical care? Yes No

Adopter's Signature

Date

Co-Adopter's Signature

Date

For Office Use Only. Do not write below this line.

THS Representative _____

Date _____

Vet Check _____

Notes: _____

Home Check _____

Notes: _____

Approved _____

Declined _____

Reason, if declined: _____
