

## 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 \_\_\_\_\_

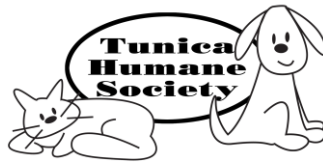
Will this be your first pet? Yes No Have the children in the home been around pets before? Yes No

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? \_\_\_\_\_

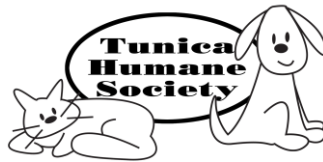
If yes, please explain. \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_