

Current Driver's License # _____

Date of Birth _____

Animal Applied For: _____

DATE: _____

IN ORDER TO BE CONSIDERED AS AN ADOPTER TODAY, YOU MUST:

- Be 18 years of age or older;
- Have identification showing your current address;
- Have the knowledge and consent of your landlord and/or parent if you live at home.

BARTOW COUNTY HUMANE SOCIETY ADOPTION APPLICATION

WELCOME TO THE BARTOW COUNTY HUMANE SOCIETY. We are glad you have come to adopt a new pet from our shelter.

The following information is required so that we can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. The consultation process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal compatible with your lifestyle. NOTE: THE PROVIDING OF FALSE INFORMATION HEREIN WILL RESULT IN THE FORFEITURE OF ADOPTION FEES AND ANY ANIMAL ADOPTED. (Please print.)

Your name: _____ Spouse's name: _____

Current Address: _____ Apt # _____ Phone # _____

City: _____ State: _____ County: _____ Zip: _____

1. How long have you lived at the above address? _____
2. What type of pet are you looking for? Dog: _____ Puppy: _____ Cat: _____ Kitten: _____
3. Please check any of the following reasons for adopting this pet: Family pet: _____ Child's pet: _____ Watchdog: _____
Companion: _____ Breeding: _____ Hunting Dog: _____ Guard dog for business: _____ Barn Cat/Mouser: _____
Companion for Other Pet: _____ Gift: _____ Other: _____
4. Are you and/or your spouse currently employed? Yes: _____ No: _____
5. Are you 18 years of age or over? Yes: _____ No: _____
6. Do you live with your parents or other relatives? Yes: _____ No: _____
7. Are you interested in adopting for yourself: _____ family: _____ someone else: _____
8. Do you own your own home? Yes: _____ No: _____ Do you rent? Yes: _____ No: _____
Do you live in a House: _____ Apartment: _____ Condo: _____ Mobile Home: _____ Duplex: _____ Townhouse: _____
9. Does your lease allow pets? Yes: _____ No: _____
10. What is your landlord's name or the name of your apartment complex? _____
Landlord/Apartment Complex Phone # _____
11. How many people live in your household? _____
12. Do all members know that you plan to adopt a pet? Yes: _____ No: _____
13. What are the ages of any children/grandchildren in your household? _____
14. Does any member of the household have allergies? _____
15. Will an adult be in the home during the day? Yes: _____ No: _____ Part-time: _____
What is the longest period of time the pet would be home alone on the average day? _____
16. Who will be responsible for taking care of your pet? _____
17. If adopting a dog or puppy, what procedures will you use for housebreaking? _____
18. If adopting a dog or puppy, how will you handle chewing, scratching, or other destructive behavior? _____
19. If adopting a cat or kitten, how will you handle scratching or destructive behavior? _____
20. Have you ever adopted from BCHS or from another shelter or rescue? Yes: _____ No: _____
Where is that pet now? _____
21. How many cats and/or dogs have you owned in the past five years? Dogs: _____ Cats: _____
Where are those pets now? (be specific) _____

22. Have you ever turned in an animal to animal control or an animal shelter? Yes: _____ No: _____
23. Have you ever had to find another home for a pet? Yes: _____ No: _____
If yes, when and why? _____
24. Has a dog dies on your premises of distemper, parvo, or unknown causes within the last three (3) months?
Yes: _____ No: _____
25. Has a cat died on your premises of distemper, leukemia, or unknown causes within the last three (3) months?
Yes: _____ No: _____
26. Do you currently own a pet? Yes: _____ No: _____ What type/kind? Dog: _____ Cat: _____
Please list the animals' names with age, sex, and breed: _____

27. Do your pets live indoors: _____ outdoors: _____
28. Are their shots up to date? Yes: _____ No: _____
29. If you currently own a dog, is it on heartworm preventative? Yes: _____ No: _____ What kind? _____
30. Are they spayed or neutered? Yes: _____ No: _____ If no, why not? _____
31. Do your pets currently wear ID tags? Yes: _____ No: _____
32. Would you object to having your new pet spayed or neutered? Yes: _____ No: _____
33. Are you willing to go to the expense and trouble of taking your pet to a veterinarian for full preventative and medical care, including shots, heartworm preventative, flea treatment, grooming, quality food, and emergencies? Yes: _____ No: _____
34. What is the name of your veterinarian or veterinary clinic? _____ Phone # _____
35. Will your new pet live inside: _____ outside: _____ Where will your new pet sleep? _____
36. Will pet have access to the entire house? Yes: _____ No: _____ If not, where will pet be allowed? Outside only: _____
Garage only: _____ Basement only: _____ Laundry room only: _____ Other: _____
37. Is there a yard available? Yes: _____ No: _____ How large is your yard? : _____ Is the yard completely fenced? Yes: _____ No: _____ How tall is the fence? _____ Is there a dog house? Yes: _____ No: _____
Do you plan to use a pen? Yes: _____ No: _____ How large a pen? _____ Will you be chaining or putting your dog on a runner? Yes: _____ No: _____ For what length of time? _____
38. What do you plan to do with your pet when you go on vacation? _____
39. For which of the following reasons would you give up your pet? Moving: _____ New baby: _____ Not getting along with children: _____ Not getting along with other pets: _____ Divorce: _____ Getting out of fence: _____ Behavior problems: _____
Children lost interest: _____ Financial: _____ Aggressive: _____ Got too big: _____ Too time consuming: _____ Shedding: _____
Allergies: _____ Barking: _____ Medical problems: _____ None: _____ Other: _____
40. Would you object to an authorized representative of BCHS inspecting the animal and premises where the animal is being kept?
Yes: _____ No: _____

Please return completed application to the shelter or fax to (678) 721-6953.

FOR SHELTER USE ONLY-DO NOT WRITE BELOW THIS LINE. THANK YOU!

Information checked by: _____ Approved: _____ Refused: _____ DNA Check: _____

Restrictions/Reason for Refusal: _____

