



HUMANE SOCIETY OF NORTH CENTRAL IOWA

2415 ½ 5th Ave South

P.O. Box 3013

Fort Dodge, IA 50501

515-955-8343 ~ fdhumane@mchsi.com ~ www.fdhumane.com

Please provide the following information to help us ensure that the animal will be placed in an environment compatible with its needs.

| | | |
|---|--------|------------|
| Name of Pet you are applying for: | | |
| Name: | | Age: |
| Address: | | |
| City: | State: | Zip: |
| Spouse Name: | | Age: |
| Names & Ages of everyone in the house hold: | | |
| Telephone: | | Email: |
| Place of employment: | | |
| Do you own or rent your home? OWN RENT (circle one) | | |
| If renting, do you have your landlord's permission to adopt? | | |
| Landlord's Name: | | Telephone: |
| Do you have plans to move in the future? YES NO (circle one) | | |
| If yes, what do you plan on doing with your pet? | | |
| Do you have any other pets? YES NO (circle one) | | |
| If yes, please tell us type, breed, and ages. | | |
| Are your pets spayed or neutered? YES NO (circle one) | | |
| If no, why not? | | |
| Current vet's name: | | Telephone: |
| What other pets have you owned in the past 5 years? | | |
| What happened to them? | | |
| Will this pet be an inside or outside pet? INSIDE OUTSIDE | | |
| Do you have a fenced in yard? YES NO (circle one) | | |
| If no, and are adopting a dog, are you willing and able to take your dog on at least 3 walks a day – rain or shine – so that your pet can get the exercise and potty breaks he/she needs? YES NO (circle one) | | |
| Do you have any children? | | Ages: |

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| Does everyone in your household want to adopt this pet? |
| What are the main reasons for adopting this pet? |

Please initial after each statement below. By initialing the statement you are agreeing that you have read it, understand, and agree with our terms.

| | |
|---|------------------------------------|
| By adopting this animal you are agreeing to have this animal as a household companion only. | Please Initial: |
| Do you understand by adopting this pet you are making a commitment to take care of him/her for the rest of his/her life? Pets can live up to 15-20 years! | Please Initial: |
| Do you realize the expense required in owning a pet? They need annual exams, and vaccinations. Dogs need to be tested for heartworms annually, and on heartworm and flea prevention monthly. They need high quality food and obedience classes are recommended for all dogs. Are you are aware and prepared for these expenses? | Please Initial: |
| If adopting a puppy, do you understand it takes a lot of work, patience, and commitment to housebreak and obedience train a young puppy. | Please Initial: |
| If this animal is not yet spayed or neutered, the adopter shall have this pet sterilized by a license veterinarian within thirty days of adoption. Failure to do so is a simple misdemeanor. Adopter further agrees and understands that the State may take legal action pursuant to Iowa Code Sect. 162.20, Chapter 67.7(2) B & C against the adopter if the animal is not spayed or neutered within the time limit. | Please Initial: (if applicable) |

I certify that the information that I have given is true and I authorize investigation of all statements made above. I recognize that any misrepresentation of facts may result in losing the privilege of adopting a pet. I understand that HSNCI has the right to refuse any request for adoption. In addition I give permission to HSNCI and their associate facilities to share information about me that may be obtained during interviews, reference checks, and home visits with other humane organizations.

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| Signature: | Date: |
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