

# Indiana County Humane Society

191 Airport Road, Indiana, PA 15701

## Application for Adoption

The animals available for adoption often come to us as strays or from neglectful situations. In most cases, we do not have any health or temperament background on the animal therefore, we cannot guarantee the health or temperament of the animal. All animals are examined and treated as needed upon entry, and their health is routinely monitored while with us. Our mission is to give each animal the best possible chance at a loving, permanent home.

### In order to be considered as an adopter, you must:

- Have identification showing your present address and proof of age. (21 or older)
- Allow ICBS Staff to contact your landlord, if applicable
- Allow ICBS Staff to contact your veterinarian and give permission for them to release information regarding the health of your pets, if applicable.
- Agree to PA Sterilization Guidelines for spaying/neutering the animal(s).
- Agree to follow-up visitations after adoption.
- Be able and willing to spend the time/money necessary for training, routine medical care (health checks/yearly vaccines), proper nutrition and exercise for a pet.

**Please Note: We cannot "hold" animals. All adoptions are on a first-come, first-serve basis pending application approval and the ICBS Staff Adoption Counselor's recommendations. ICBS reserves the right to deny any application.**

Which animal(s) are you interested in adopting? \_\_\_\_\_ Dog or Cat

Is this your first experience with a pet? Yes No If No, what happened to the pet(s) you no longer have? \_\_\_\_\_

Have you ever adopted from ICBS? Yes No. If yes, when? \_\_\_\_\_

Have you adopted from another shelter? Yes No. If yes, when? \_\_\_\_\_ Name of shelter \_\_\_\_\_

Have you ever surrendered an animal to a shelter? Yes No. If yes, Name of shelter \_\_\_\_\_

When? \_\_\_\_\_ Why? \_\_\_\_\_

Under what circumstances would you not keep a pet? \_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_ At night? \_\_\_\_\_

How many hours per day will the pet spend alone without human companionship? \_\_\_\_\_

Where will the pet be kept when you're not home? \_\_\_\_\_

Dog Adopters: What type of outside space is available? ( ) Fenced yard ( ) Kennel ( ) Unfenced Yard

( ) Patio ( ) Run ( ) Tie-Out

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Township/Borough \_\_\_\_\_

Time at current address? \_\_\_\_\_ Do you ( ) Own ( ) Rent or ( ) Lease space in a mobile home park

Landlord's Name and Phone #, if applicable \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Names of Household Members	Age	Relationship	What allergies do they have, if any?
Self		-----	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Two non-relative references Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

What pets do you currently have in your household? Please list.

Name	Dog	Cat	Other	Age	Spayed/Neutered?	Yes	No
_____			_____	_____			
_____			_____	_____			
_____			_____	_____			
_____			_____	_____			

If you have or have had pets, who is your veterinarian? (please list recent vets you've used, list current vet first)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Under what first and last name is your pet(s) registered at the veterinarian's office? \_\_\_\_\_

I certify that all information supplied on this application is true and correct. I understand the ICBS reserves the right to refuse adoption to anyone. I am at least 21 years of age. I hereby give ICBS permission to contact anyone named on this application. By signing below, I signify that I agree and understand that the ICBS is not responsible for any illness, property or personal damage caused by a shelter animal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For ICBS Use ( ) Approved ( ) Denied Explanation \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_