

## **HAMMOND ANIMAL CONTROL**

### **ADOPTION APPLICATION**

The following information is requested so that we can assist you in the selection of a new pet. Since 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 most compatible with your lifestyle. Since the animals available for adoption came here from a variety of sources, all animals are examined upon entry and their health is routinely monitored while at our shelter. However, there is always the chance that an animal is incubating a disease without showing any clinical signs.

We require that you take your new pet to a Veterinarian of your choice for a complete medical examination no later than three (3) days after adoption. Adoption fees are not refundable. However, we do offer a medical exchange on any animal found to have a medical problem within three (3) days after adoption.

Please contact our office after 11:00 a.m. the day after submitting your application, Monday through Friday only. As directed by Indiana State Law, all dogs and cats three (3) months of age and older must receive a rabies inoculation. Hammond City Ordinances require that all dogs and cats three (3) months and older living in Hammond must be licensed within thirty (30) days after they are acquired. Failure to do so may result in legal prosecution.

#### **TO BE CONSIDERED AS AN ADOPTER, YOU MUST:**

- **You must be 21 years of age or older.**
- **Have identification showing your present address**
- **Have consent from your landlord, including his address and telephone number**
- **Be willing and able to spend the time and money necessary to provide training, medical treatment and proper care for a pet.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME NO#: \_\_\_\_\_ CELL #: \_\_\_\_\_ WORK# \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

*Hammond Animal Control reserves the right to adopt to anyone. No animal will be adopted to persons having an extensive history of losing, giving away, having animals injured or killed by moving vehicles, failure to obtain rabies inoculation and city license where applicable.*

*No animal will be adopted to prospective owners who falsify or fail to provide information on the adoption application.*

***THIS IS AN ADOPTION, NOT A SALE!!***

***Application must be filled out completely or it will not be processed for consideration***

Please fill out the following questionnaire. Upon completion, it will be reviewed by the Kennelmaster.

1. What kind of pet are you here to adopt?  
     \_\_\_ dog      \_\_\_ puppy      \_\_\_ cat      \_\_\_ kitten
2. Why do you want a pet? \_\_\_\_\_
3. Is this your first experience with a pet? \_\_\_ yes    \_\_\_ no
4. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet? \_\_\_\_\_
5. Do you realize that a dog or cat may live 15 or more years? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Have you ever given a pet up? \_\_\_ no    \_\_\_ yes & Why? \_\_\_\_\_
7. What pets do you **currently** have in your household? \_\_\_\_\_

Name	Type/Breed	Neutered/Spay	Current on Rabies?	Current on DHLPP?	Current on Bordetella?	Does this pet take heartworm prevention?
		YES NO	YES NO	YES NO	YES NO	YES NO
		YES NO	YES NO	YES NO	YES NO	YES NO
		YES NO	YES NO	YES NO	YES NO	YES NO
		YES NO	YES NO	YES NO	YES NO	YES NO

8. List pets owned in the **past five (5) years** other than those listed above.

Name	Type/Breed	Neutered/Spay	Current on Rabies?	Current on DHLPP?	Current on Bordetella?	What happened to this pet?
		YES NO	YES NO	YES NO	YES NO	
		YES NO	YES NO	YES NO	YES NO	
		YES NO	YES NO	YES NO	YES NO	
		YES NO	YES NO	YES NO	YES NO	

9. Who is your veterinarian? \_\_\_\_\_ phone no.: \_\_\_\_\_
10. Do you currently live in a \_\_\_house \_\_\_apartment \_\_\_condo \_\_\_mobile home \_\_\_duplex  
\_\_\_\_\_ with my parents \_\_\_\_\_ townhouse
11. Do you \_\_\_own \_\_\_rent? How long have you lived at this address: \_\_\_\_\_
12. If you **rent**, please provide the name and telephone number of your landlord.  
**(Application will not be processed without information)**  
\_\_\_\_\_
13. If you rent, does your lease allow pets? \_\_\_yes \_\_\_no  
Is a pet Deposit required? \_\_\_\_\_ Will your monthly rent increase? \_\_\_\_\_
14. What will you do with your pets if you move in the future? \_\_\_\_\_  
\_\_\_\_\_
15. Do all the adults know that you plan to adopt? \_\_\_yes \_\_\_no
16. How many adults live in the household? \_\_\_\_\_  
How many kids live in the household? \_\_\_\_\_  
List ages: \_\_\_\_\_
17. Do you and/or anyone living in your household have any known allergies to animals?  
\_\_\_ yes \_\_\_ no – If yes, to what kind(s) of animals & how severe is the allergy?  
\_\_\_\_\_
18. Who will be the primary caregiver(s) for the pet? \_\_\_\_\_
19. Where will this pet be kept during the day? \_\_\_\_\_
20. Where will this pet be kept during the night? \_\_\_\_\_
21. Where will pet sleep? \_\_\_\_\_
22. How many hours will the pet be alone each day? \_\_\_\_\_
23. Where will it be kept when alone? \_\_\_\_\_
24. Do you plan on spaying or neutering (esterilizar) your pet? \_\_\_\_\_ yes \_\_\_\_\_ no  
If no, why? \_\_\_\_\_
25. How did you hear about our adoption service? \_\_\_\_\_

## **DOG ADOPTION PART ONLY**

26. Do you want the dog for a: \_\_\_\_\_ house pet \_\_\_\_\_ guard dog \_\_\_\_\_ watch dog  
\_\_\_\_\_ companion \_\_\_\_\_ gift \_\_\_\_\_ company for other pet \_\_\_\_\_ breeder
27. Do you have a fenced yard? \_\_ yes \_\_\_ no  
If yes, how tall is fence? \_\_\_\_\_  
If no, how will exercise/toilet be handled?
28. Do you realize you will probably have to houstrain your new puppy or dog? \_\_ yes \_\_\_ no
29. How do you plan to housebreak your new companion? \_\_\_\_\_
30. Are you familiar with the leash and licensing laws in your community? \_\_ yes \_\_\_ no
31. What will you do if your dog chews furniture or shows other destructive behavior?  
\_\_\_\_\_
32. Are you familiar with crating? \_\_\_\_\_yes \_\_\_ no  
If yes, what are your feelings about it? \_\_\_\_\_
33. Do you plan on taking your dog to obedience training classes? \_\_ yes \_\_\_ no
34. Are you familiar with heartworm disease? \_\_ yes \_\_\_ no
35. If you do have a dog, when was your dog's last heartworm test? \_\_\_\_\_
36. How will you keep your dog confined to your property? (check all that apply)  
\_\_\_\_ in house \_\_\_ outdoors \_\_\_\_\_ kennel/dog pen \_\_\_\_\_ fenced yard \_\_\_ on chain  
\_\_\_\_ garage \_\_\_\_\_ patio \_\_\_\_\_ on leash

## **CAT ADOPTIONS ONLY**

37. Do you want the cat for a: \_\_\_\_\_ house pet \_\_\_\_\_ mouser \_\_\_\_\_ breeder  
\_\_\_\_\_ company for other pet \_\_\_\_\_ other
38. Why are you interested in adopting a cat? \_\_\_\_\_
39. Will this cat be allowed outdoors? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, why & under what circumstances? \_\_\_\_\_
40. Scratching is a typical cat behavior. How will you deal with this? What will you do if your cat  
claws furniture or shows other destructive behavior? \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ & SIGN**

I certify that all the information in this application is true and I understand that false information may void the application. I also understand that failure to comply with requirements could result in my inability to adopt other animals from the Hammond Animal Control and/or other shelters. We have the right to reclaim an animal. You also understand that this is an adoption, not a sale.

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

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

Adoption Review Record \_\_\_\_\_

Caution file \_\_\_\_\_

Landlord permission \_\_\_\_\_ Obtained \_\_\_\_\_ Denied \_\_\_\_\_

Parental permission \_\_\_\_\_ Obtained \_\_\_\_\_ Denied \_\_\_\_\_

Residence check Driver's License \_\_\_\_\_

Veterinary Reference \_\_\_\_\_

Approval \_\_\_\_\_

Restrictions \_\_\_\_\_

Adoption Counselor \_\_\_\_\_