## **Holt County Animal Shelter Adoption Application**

Name:			
Co-Applicant:			
Address: City:		State:	Zip:
E-mail:	Phone:		Date:
Are you over the age of 18? Yes: N	lo:		
Who will be the primary caregiver of the	e animal?		
Animal Applying For:			
Are you employed? Yes: No:	_ What are your working h	nours?	
Are there any other animals in the hom	e? Yes: No:		
If Yes: How many? Are they altered	ed? Yes: No:		
Are Vaccinations up to date? Yes:	No:		
If you don't have any pets, have you ov	wned any before? Yes:	No:	
If yes, what happened to the pets?			
Have you ever surrendered a pet? Yes:	: No:		
Are there any children in the home? Y	es: No: If so, how man	y? Ages:	
Do you rent or own your home?			
Landlord Information:			
If you rent, proof from your landlor	d will be required and v	erified befo	ore adoption is approved.
Landlords Name:Address:	State:	Zip:	
How long have you lived there?		P:	
Who is your veterinarian?		_	
Clinic: Ac	ldress:		Phone:
If approved, where will the animal spen Inside Free Roam: Inside in A Crate: How many hou Outside in A Kennel: Outside free Roam: Outside on lead: Where will the animal sleep? How would you handle unwanted behave	rs per day?		
Please list three non-family references:	Relationship:		
Reference:			
Reference:	Relationship:		_ Phone:

## Please Read and Initial the following:

## **Holt County Animal Shelter Policies:**

The responsible party must be over 21 or have parental consent.

Adoption applications can be submitted to any board member and will be approved/denied by all four members in a timely manner.

All animals will be given physical exam, temperament tested, spayed or neutered, and vaccinated and micro-chipped prior to adoption unless there are extenuating circumstances.

<ul> <li>It is recommended to keep the adopted dog isolated from other pets in the home for 5 days after arrival.</li> <li>New owners agree to take the pet to their veterinarian for any required booster vaccination or other medical care.</li> <li>New owners agree to comply with local laws regarding licensing, vaccination, off leash activities, etc.</li> <li>New owner agrees to provide adequate food, shelter and confinement. (not allowed to roam free)</li> </ul>
HCAS will not be responsible for costs of medical care for the adoptive pet once it is in its new home.
It is recommended to allow the new pet to meet any current pets prior to finalizing the adoptionThe adoption fee covers medical and housing expenses prior to adoption, including any vaccinations and spay or neuter and micro-chip.
I agree to take the new pet to the vet to maintain current vaccines and future veterinarian needs.
I acknowledge that if I return the dog for any reason, the adoption fee is non-refundable.
By signing this application, I acknowledge that I have answered all questions truthfully. Failure to provide truthfulanswers can result in the rejection of my application or the forfeiture of this adopted pet to Holt County Animal Shelter. If I have not received a telephone call within two weeks from the date of this application from a Holt County Animal Shelter representative, I understand that my application has been declined or the dog that I have requested has been placed with another applicant.
Signature:
Date:
HCAS ADMINISTRATION ONLY
Approved: Denied:
Board Signature:
Adoption Fee: 150.00
Paid: Waived: Sponsored: