



PO Box 904  
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Phone 715-479-9777  
vilashumane@yahoo.com

### ADOPTION APPLICATION

## Welcome to the Humane Society of Vilas County (HSVC). We are glad you have come to adopt a new pet from our facility.

The following information is requested to assist you with your selection of a new pet. The animal's welfare is our foremost consideration. This 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.

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 the Humane Society, but there is always a chance that an animal is incubating a disease without showing any clinical signs.

**Any adopted animals are the sole responsibility of the adopter.**

**Applications will not be considered for review without being filled out completely.**

Our adoption fee includes: spay/neuter, first series of vaccinations, and a one-year rabies shot.

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

- Be 18 years of age or older;
- Have identification showing your present address;
- Have the knowledge and written consent of your landlord;
- Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.
- Be willing to allow a Humane Society employee to visit your home prior to and after adoption.
- You must return the animal to the Humane Society of Vilas County if you no longer can keep or care for the animal.

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

ADDRESS (physical) \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

The Humane Society reserves the right to refuse adoption to anyone. No animal will be adopted to persons having an extensive history of losing, giving away, selling, or having animals injured or killed by moving vehicles. No animal will be adopted to prospective owners who mislead or fail to provide accurate information on the adoption application.

Signature of Adoptor \_\_\_\_\_ Date \_\_\_\_\_

What Veterinarian Clinic do you use? \_\_\_\_\_

Please list the clinic that will have your current or former pet's medical history.

Vet Clinic's phone number? \_\_\_\_\_

What kind of pet are you here to adopt? \_\_\_\_\_

Have you adopted from a Shelter before? \_\_\_\_\_ If Yes, List name of shelter and date of adoption?

Is this your first experience with a pet? \_\_\_\_\_

What pets do you currently have in your household?

Dog or Cat Name \_\_\_\_\_ Breed \_\_\_\_\_ Spayed/neutered \_\_\_\_\_ Age \_\_\_\_\_

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Dog or Cat Name \_\_\_\_\_ Breed \_\_\_\_\_ Spayed/neutered \_\_\_\_\_ Age \_\_\_\_\_

List pets owned in the past five years other than those listed above.

Dog or Cat Name \_\_\_\_\_ Breed \_\_\_\_\_ Spayed/neutered \_\_\_\_\_ Age \_\_\_\_\_

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Dog or Cat Name \_\_\_\_\_ Breed \_\_\_\_\_ Spayed/neutered \_\_\_\_\_ Age \_\_\_\_\_

Do you currently live in a \_\_\_\_\_ House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Trailer \_\_\_\_\_ Duplex

Do you \_\_\_\_\_ Own or \_\_\_\_\_ Rent?

If you rent, does your lease allow pets? \_\_\_\_\_

If you rent, what is your landlord's name? \_\_\_\_\_

What is your landlord's phone number? \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

How many people live in your household? Please list first & last name & age. \_\_\_\_\_

Does anyone in your household have allergies to animals? \_\_\_\_\_

If so what kind of animal and how severe? \_\_\_\_\_

Who will be responsible for the care of this animal? \_\_\_\_\_

Where will the pet be kept during the day? \_\_\_\_\_ Night? \_\_\_\_\_  
How many hours will this pet spend alone without human companionship? \_\_\_\_\_

Where will it be kept when alone? \_\_\_\_\_  
Do you plan on Spaying or Neutering your pet? \_\_\_\_\_  
How did you hear about our adoption service? \_\_\_\_\_

**DOG ADOPTIONS ONLY**

Do you want the dog for a:

\_\_\_\_ House pet \_\_\_\_ Guard Dog \_\_\_\_ Watch Dog \_\_\_\_ Companion \_\_\_\_ Gift  
\_\_\_\_ Company for other pet \_\_\_\_ Other

Do you have a fenced yard? \_\_\_\_\_ If so how high? \_\_\_\_\_

Do you realize you will probably have to house train your new dog? \_\_\_\_\_  
Are you familiar with leash and licensing laws in your community? \_\_\_\_\_

What will you do if your dog chews or shows other destructive behavior?  
\_\_\_\_\_

How will you keep your dog confined to your property? \_\_\_\_\_

Are you familiar with crating? \_\_\_\_\_  
If yes, what are your feelings about it? \_\_\_\_\_

Do you plan on taking your dog to obedience classes? \_\_\_\_\_  
Are you familiar with heartworm disease? \_\_\_\_\_

**(HSVC does not test for Heartworm Disease or Lyme Disease)**  
**Refunds are only given for the above listed diseases or serious medical conditions upon the return of the animal within 30 days.**

**CAT ADOPTION ONLY**

Do you want a cat for a:

\_\_\_\_ House pet \_\_\_\_ Mouser \_\_\_\_ Breeder \_\_\_\_ Companion \_\_\_\_ Gift \_\_\_\_ Other

Will this cat be allowed outdoors? \_\_\_\_\_  
If yes, under what circumstances? \_\_\_\_\_

Do you plan on having your cat declawed? \_\_\_\_\_  
What will you do if your cat claws furniture or shows other destructive behavior?  
\_\_\_\_\_

**(HSVC at this time does not do blood work on animals therefore does not test for FELV, FIV, or FIP)**  
**Refunds are only given for the above listed diseases or serious medical conditions upon the return of the animal within 30 days.**



# PET ADOPTION AGREEMENT

IMPORTANT!! READ BEFORE SIGNING

PLEASE INITIAL ALL

- \_\_\_\_\_ I hereby acknowledge receiving the above-described animal.
- \_\_\_\_\_ I agree to provide proper food, water, adequate shelter and kind treatment at all times.
- \_\_\_\_\_ I agree to take the animal to a veterinarian for examinations and immunizations as needed; and to procure immediate veterinary care, at my own expense, should the animal become ill or injured.
- \_\_\_\_\_ I agree not to allow the animal to breed and to spay or neuter any unaltered animals in accordance with the terms of the Sterilization Contract.
- \_\_\_\_\_ I agree to license the animal in compliance with the laws and ordinances in force in the municipality in which I reside.
- \_\_\_\_\_ I agree to notify the Humane Society of Vilas County if I decide at any time that I can no longer keep the animal.
- \_\_\_\_\_ I agree not to allow the animal to be used for medical or other experimental purposes.
- \_\_\_\_\_ I have read this section. I have had it explained to me and I completely understand and accept the rights and obligations involved.
- \_\_\_\_\_ I understand that the Humane Society of Vilas County cannot guarantee the health, temperament or training of the above described animal and hereby agree to release the Humane Society of Vilas County from any liability once the animal is in my possession.

**REMEDY FOR NON-COMPLIANCE: It is agreed that the Humane Society of Vilas County retains superior title in said animal limited to and for the express purpose of assuring the animal's well-being and only exercise its superior claim in the event it appears to the Humane Society of Vilas County that the proper and humane care as specified in the above adoption provisions is not being afforded said animal, in which case the animal may be taken through a Claim and Delivery proceeding.**

Signature of Adopter \_\_\_\_\_ Date \_\_\_\_\_

Signature of Humane Society Staff \_\_\_\_\_

Adoption Fee \$ \_\_\_\_\_

Method of Payment \_\_\_\_\_

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## CONSULT YOU VETERINARIAN ABOUT FOLLOW-UP INOCULATIONS AND/OR TREATMENT

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Sterilization of animal as described by above and adopted from HSVC in agreement by the signed party adopting is to be done by \_\_\_\_\_.

**Thank you for choosing to rescue the less fortunate!  
Please feel free to call the HSVC with any questions or updates!**

**Melissa Klessig**

**Director @ HSVC**

**715-479-9777**

**email:vilashumane@yahoo.com**