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Approved	_____
Denied	_____
Reason	_____
Date	_____

ADOPTION APPLICATION

HUMANE SOCIETY OF OTTER TAIL COUNTY

Date: _____ Animal Name/Description: _____

Why do you want to adopt this particular pet? _____

This questionnaire is intended as a guide to assist you in analyzing all the ways a new pet will impact your life, and also to determine if the one in question is the right match for you and your lifestyle. All of the questions concern various aspects of pet ownership that should be given serious consideration before deciding to share your life with any new pet addition(s). The information provided on this application will help us to find the best possible match between you and the pets available through the Humane Society of Otter Tail County. Completed applications do not ensure adoption approval for specified or any animal.

Your Full Name: _____ Date of Birth: _____

Spouse/ Partner Full Name: _____ Date of Birth: _____

Address: _____ City _____ State: _____ Zip Code: _____

Phone #: _____ Alternate #: _____

E-mail address: _____

Name of Occupation/Employer: _____ Length Employed: _____

Best Way to contact you: (Example: home phone after 3:00 pm during the week)

Please list the full names of anyone else 18 years + that will be living with the animal, and date of birth:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name of Occupation/Employer of other adults in the home _____ Length of Employment _____

Please list the pets you **currently** own and/or are living at your residence:

Animal's Name	Type of Pet & Breed	Age	Sex	Spayed/Neutered	Length of Ownership
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are all current pets up to date on vaccines? Yes No N/A

We require any dogs or cats in the home to be spayed or neutered, if they are 6 months of age or older. All animals in the home must also be up to date on the core vaccines.

List Veterinarian Used For Current/Past Pets:

Clinic Name: _____

Phone #: _____

If pet(s) are under a different owner name please list: _____

Children

Will children be living with you? Yes No List ages: _____

Have these children been around animals before: Yes No

Are you prepared to supervise your children when they interact with this animal? Yes No

General Questions

Have you ever owned a pet? Yes No

Please list any other animals in your care you have been responsible for in the last 5 years.

Name and Type of Pet	Length of Ownership	Where is your pet now?
_____	_____	_____
_____	_____	_____

Have you ever adopted a pet from this or any other shelter/rescue? Yes No

If yes, please indicate whether you still have this pet. If you no longer have this pet, please explain why.

Have you ever given a pet away or surrendered a pet to a shelter/rescue organization? Yes No

If yes, please explain the circumstances. _____

Will someone else not with you today share in the care of this animal? Yes No

Who will provide for this animal in your absence (consider vacations, business trips etc.)?

Do any household members have pet-related allergies? Yes No

If so, how will you cope with this? _____

Are all household members in agreement with the adoption? Yes No

If not, please explain: _____

Are you willing to provide veterinary care, grooming, emergency expenses, supplies and food for the care of this animal? (These expenses can add up to hundreds of dollars each year) Yes No

Are you a student? Yes No

If yes, please indicate whether you are a full-time or part-time student. Also explain what you will do with this animal when the academic year is over. _____

Your Residence

Please be aware that if you are currently renting or living with parents we will need written proof from the property owner before the application is considered for approval. This includes mobile home parks.

Do you rent or own? Own Rent

The property owner will be contacted to verify permission to own pets.

Property owner/Parents name: _____ Phone number: _____

In what type of home do you live? Apartment Assisted living Condominium Duplex Farm

Mobile home Single family Townhome Other: _____

Length of time you have lived at this address (years/months): _____

Is there a chance you will move in the future? Yes No

If so, are you willing to restrict your choice of housing to places where the animal is allowed? Yes No

If you move in the future, what will you do with the dog/cat you adopt? _____

Do you know your cities ordinances/licensing procedures? Yes No

Dogs

Reason that you want a dog (check as many that apply): Companionship Outdoor dog

Indoor dog Watch dog Other: _____

Where will this dog spend most of its time? Indoors Outdoors In & Out

How much time will the dog spend outside? _____

Do you have a fenced yard? Yes No List type & height: _____

If not, Do you have an outdoor kennel area? Yes No Size & Height _____

When the dog is outside, what kind of shelter will it have? _____

If you do not have a kennel or fence, how do you plan to keep this dog confined to your property?

How many hours per day and how many days per week will the dog be left home alone?

Where will the dog sleep at night? _____

Does your Home Owner's Insurance allow for all dog breed types? Yes No

If no, are you willing to find a company that does allow this breed of dog? Yes No

Cats

Reason that you want a cat (check as many that apply): Mouser Farm/Barn cat Companionship

House cat Other: _____

Do you plan for this cat to be: Indoor Only Outdoor Only In & Out

What percentage of the time will the cat be indoors/outdoors? _____

