



**Canine Adoption Application**

Animal's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal Information – Include any former last names**

Name (first, middle, last – include former names as well): \_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Email (required for microchip registration):** \_\_\_\_\_

**Household Information**

How many adults live in the home? \_\_\_\_\_

**Full Name & Birthdate** of each additional adult in the home: \_\_\_\_\_

\_\_\_\_\_

How many children live in the home? \_\_\_\_\_

What are the ages of the children? \_\_\_\_\_

What type of dwelling do you live in? (Circle One) House Apartment Mobile Home Farm

Do you rent or own your home? (Circle One) Rent Own Land Contract

If you rent or have a land contract, please provide your landlord's name and phone number: \_\_\_\_\_

\_\_\_\_\_



**Pet Ownership in the Past 5 Years (please add additional page if necessary)**

Name of Pet	Breed/Species	Age	Sex	Indoor/Outdoor/Both	Altered
_____	_____	_____	M F	_____	_____
_____	_____	_____	M F	_____	_____
_____	_____	_____	M F	_____	_____
_____	_____	_____	M F	_____	_____

If you no longer have the pet(s) listed above, please explain why: \_\_\_\_\_

\_\_\_\_\_

Which veterinarian did you use for pets you have owned in the past? By providing this information, you are giving us permission to access your past vet records.

Vet Clinic: \_\_\_\_\_

Address & Phone Number: \_\_\_\_\_

Name on Vet Records: \_\_\_\_\_

Name of Pets Seen by Vet: \_\_\_\_\_

How do you plan to address negative behaviors or potty training issues? \_\_\_\_\_

\_\_\_\_\_

Will the dog be kept indoors or outdoors (please describe)? \_\_\_\_\_

\_\_\_\_\_

How often will the dog be outside (please describe)? \_\_\_\_\_

\_\_\_\_\_

Where will the dog be kept while you are not home? \_\_\_\_\_

Do you plan to take the dog to obedience classes? \_\_\_\_\_



## Adoption Contract

**Please initial each line item to verify your understanding of the adoption contract.**

\_\_\_\_\_ LCHS cannot guarantee the health or temperament of any animal.

\_\_\_\_\_ I am responsible for this animal after the point of adoption; **LCHS will not provide financial support or supplies for any expenses.** Including, but not limited to, food, licensing, medications, medical treatments.

\_\_\_\_\_ This animal must be returned to LCHS if I am no longer able to keep it. Animals that are euthanized by the owner are not required to be returned to LCHS.

\_\_\_\_\_ LCHS representatives have the right to verify the condition of the animal and request relinquishment if the terms of this contract have not been met.

\_\_\_\_\_ LCHS will refund the adoption fee if the animal is returned within 14 days.

\_\_\_\_\_ The animal I have adopted will be provided with proper food, water, shelter, attention, and medical care. Vaccinations will need to be updated annually for dogs and cats at my own veterinarian. Dogs should be licensed through the appropriate county every year. I accept full responsibility for any fees or penalties that could result from failure to vaccinate my pet against the rabies virus.

\_\_\_\_\_ I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in losing the privilege of adopting a pet. I understand that the LCHS has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application.

\_\_\_\_\_ I understand that if my application is approved, I must adopt the animal within 48 hours.

\_\_\_\_\_ LCHS can update the microchip registration through 24PetWatch. I am responsible for any fees if I update the microchip through any other organization or company.

\_\_\_\_\_ I agree to fully comply with any required boosters or surgeries scheduled with LCHS. Failure to comply may result in forfeiture of the adoption and the animal being returned to LCHS.

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**Adoption Statement:** In adopting the above described animal, I do so with the knowledge that I agree to return this animal upon demand by the Lincoln County Humane Society. The Lincoln County Humane Society does not make any guarantee regarding any animal.

Name (PRINT): \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**Lincoln County Humane Society**  
**310 North Memorial Drive, Merrill, WI. 54452**  
**(715) 536-3459 • www.furrypets.com**  
**Email: Manager@furrypets.com**



Post Adoption Information:

Spay/Neuter Information:

Is the animal already altered upon adoption? If yes, please skip to the “vaccine” section.

If the animal is not spayed/neutered prior to adoption, LCHS will require a \$100 deposit, in addition to the adoption fee. The \$100 will be refunded when the animal is returned to LCHS for surgery.

Adopters can work with their own veterinarian to have the animal spayed/neutered and given the rabies vaccine (if not previously given). The adopter will be responsible for the cost of the spay/neuter surgery if they decide to work with their own veterinarian. LCHS will still reimburse the \$100 deposit when the veterinary clinic sends proof of spay/neuter and rabies vaccine.

LCHS will contact adopters regarding open spay/neuter dates. The veterinary clinic and days of the week may vary depending on the clinic used. Adopters will schedule drop-off time for the animal when LCHS staff contacts them, and pick-up time is arranged on the day of surgery (times may vary based on the animal’s recovery and surgical experience).

Vaccines:

Rabies vaccine: all cats and dogs must be vaccinated against the rabies virus after 4 months of age. LCHS includes the initial rabies vaccine with the adoption. If the animal is too young for the rabies vaccine at the time of adoption, the vaccine will be given when the animal is returned for a spay/neuter surgery or a rabies vaccine clinic. If the adopter has the rabies vaccine administered at their own veterinary clinic, LCHS can reimburse a portion of the cost for the rabies vaccine. The adopter must contact LCHS in advance to make arrangements. After the initial rabies vaccine at LCHS, adopters will be responsible for all follow-up vaccines. Rabies vaccines can only be administered by licensed veterinary staff and cannot be given by LCHS staff.

Distemper & bordetella vaccines:

All dogs are given a Bordetella (kennel cough) vaccine at LCHS. All dogs and cats are given a distemper combo vaccine and one booster. These are included with the adoption at LCHS. Adopters are responsible for scheduling an appointment with LCHS for the follow-up booster if an animal is adopted prior to the second vaccine being administered. If the second distemper vaccine is not administered within the required time frame on the health sheet, the adopter will be responsible for taking the animal to their own veterinarian for the vaccine booster.

After the second dose of the distemper combo vaccine is given at LCHS, adopters will be responsible for any future vaccines being administered through their own veterinary clinic. All annual boosters for vaccines are the responsibility of the adopter and the adopter must go through their own veterinarian for the vaccines.