

R.C.H.S
RANDOLPH COUNTY HUMANE SOCIETY
Prospective Owner (Pre-Adoption) Form



Name:		Spouse/Roommate Name:	
Address:		City, State, ZIP	
Telephone (Home):		Telephone (Work):	
E-Mail Address:		Occupation:	
Residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Hobby Farm			
Do you: Own Rent		Name & Phone # of Landlord:	
Is everyone living in the household aware of the decision to adopt a pet? Yes <input type="checkbox"/> No, why not:		Who will be the person responsible for the daily care of the pet, such as feeding & exercise:	
Are you familiar with your local animal ordinances? Yes No		Will the adopted pet be housed: Indoors Outdoors Both, explain:	
Is your yard fenced? Yes No		If not, how will you confine the pet to your property?	
Dogs Only: What forms of exercise will the dog receive?		Are you willing to pay for and attend a canine obedience class if necessary to eliminate problems & behavioral issues? Yes No	
Have you ever adopted an animal from RCHS before? Yes No		If yes, when? Name of Pet:	
Please list all pets you have owned within the last five years:			
Pet 1: Dog Cat Other: Name: Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No, why: Housed: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Do you still have the pet: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what happened to the pet:		Pet 2: Dog Cat Other: Name: Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No, why: Housed: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Do you still have the pet: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what happened to the pet:	
Pet 3: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: Name: Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No, why: Housed: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Do you still have the pet: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what happened to the pet:		Pet 4: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: Name: Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No, why: Housed: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both Do you still have the pet: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what happened to the pet:	
Have your pets been introduced to other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, how did they react?	
Do you have any children living in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list their ages:	
How many hours' a day will the pet be left alone?		Are you a frequent traveler? Is your spouse/roommate?	
On the average, how many evenings per week do you spend at home?		What would you do with the pet if you moved?	
Do you know if you or anyone living in the household is allergic to the pet you are planning to adopt? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you discover that someone living in the household is allergic or develops allergies to the pet, are you willing to spend additional money on allergy medications? <input type="checkbox"/> Yes <input type="checkbox"/> No, why not:			
How much do you expect to spend in a year on the pet? (Example: vaccinations, heartworm check, preventative maintenance, food, boarding, grooming, etc.) Please understand that pet responsibility is not always cheap! \$		Are you prepared financially for emergency medical and/or major medical care for the pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Did your previous pets or do your current pets receive annual veterinary care? (Example: Yearly vaccinations, heartworm tests, etc.)

What are your reasons for adopting a pet? (Check all that apply) Companion for me Companion for spouse/roommate
 Companion for children Gift Watchdog Companion for other pet Mouser Hunter
 Other, why:

Are you willing to have a RCHS representative make an appointment to visit your home? Yes No, why:

½ of the Adoption Fee must be paid: AMPOUNT PAID \$ _____ . ____ Date: _____

<i>References</i>	
Personal:	Veterinarian:
Name:	Name:
Address:	Address:
Phone:	Phone :
E-Mail:	E-Mail :
Relationship & Years Known:	Relationship & Years Known:
<p>Comments: <i>Please list any other information you wish to share explaining why you would be a great candidate for adopting a pet from RCHS.</i></p> <p><i>Please note that many of the animals we receive are strays/surrenders and we cannot guarantee their future health. We try hard to ensure that the animals are in good health at the time of the adoption, and to the best of our knowledge. We cannot be held responsible for their behavior after adoption. They are tested and are Heartworm negative, unless specified on the contract.</i></p> <p><i>By signing this form, you are agreeing to take proper care of the adopted animal. Please contact RCHS immediately if for any reason you find that you are unable to take proper care of the adopted animal. We will take the animal back as our goal is to find a “forever” home that works best for both the pet and the owner.</i></p> <p><i>The fees charged for the adopted pet are to cover necessary veterinarian charges for this pet or for future pets. Thanks for considering our pets for adoption and helping to keep this shelter saving lives!</i></p> <p>I certify that the information I have given is accurate and true. I understand that any misrepresentation of the above information may authorize RCHS to deny application, refuse adoption and/or reclaim the adopted pet. I understand there is NO refund of money.</p>	
Signature of Person Applying for Adoption	Date

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Web Site: www.randolphhumane.org

