

Adoptable Name or kennel #: _____

Please specify maximum size: Sm (11-25#) ___ Med (26-55#)___ Lg (56-75#) ___ XL (76+#)___

Are there children in the household? Yes ___ No ___ Ages: _____

How many pets are CURRENTLY in the household? _____ Cats _____ Dogs _____

Have you surrendered your pet to an animal shelter or humane society? Yes ___ No ___

Current or previous pet info: (2010 - current)

Name: _____ Breed: _____ Deceased: Y N Cause of death? _____

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Current and former vet clinics

Name: _____ DVM _____ Phone _____

Name: _____ DVM _____ Phone _____

I am uncertain but it is located in city/town and state _____

The client will be listed as: _____

Property info:

Where will this pet sleep? Indoor ___ Outdoor ___ How many acres on your property? _____

Does your property have a fenced yard? Yes ___ No ___ Front yard ___ Back Yard

Wood ___ Chain Link ___ Invisible ___

Do you rent? Y ___ N ___ House ___ Condo ___ Apartment ___ Mobile Home ___

Lease agreement: month / month ___ 6 months ___ 1 year ___

Landlord or management contact: _____ Phone: _____

Is this property near a highway? Y ___ N ___ Which one? _____

Adopter info:

Name: _____ Phone: _____

Address: _____ City/ Zip: _____

I authorize my pet's medical records to be released to the Lake Martin Humane Society in order to provide necessary information for adoption.

Signature _____

Date submitted: _____

The adoption counselor will deny an adoption if there is any doubt that the potential adopter will provide inadequate care to the pet. Our main responsibility lies with the animal. We seek adopters who are financially able to care for the pet and who are committed to caring for the pet for its natural life span. Our goal is to place animals in homes where their physical and emotional needs will be met. We place animals as companions.