



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 -Other

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

Please provide homeowner's name and phone number: _____

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



Pet Ownership in the Past 5 Years

(Please use back of application if you need additional space)

| Name of Pet | Breed/Species | Age | Sex | Indoor/Outdoor/Both | Altered |
|-------------|---------------|-------|-----|---------------------|---------|
| _____ | _____ | _____ | 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, City, State: _____

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? _____

How often will the dog be outside? _____

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 Statement

_____ I am aware that LCHS cannot guarantee the health or temperament of any animal, with no exceptions

_____ 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 for any reason there will be no penalty or fee. 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 not provide a refund if an adopted animal is returned as the adoption fee will be considered a donation, unless the animal is returned within 7 days.

_____ The animal I have adopted will be provided with proper food, water, shelter, attention, and medical care. Vaccinations will need to be boosted annually. Dogs must be licensed through the appropriate county every year.

_____ By signing below, 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.

_____ Local veterinarians may offer a free health exam; it is my responsibility to contact them for more information. LCHS will not pay for any exams after an animal is adopted.

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: _____ Phone: _____

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

Fee: _____ Signature: _____ Date: _____

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