

des moines county  
**HUMANE SOCIETY**

**ADOPTION APPLICATION – Pet Applying For \_\_\_\_\_**

**Name:** \_\_\_\_\_ DL or ID # \_\_\_\_\_

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

**Phone Numbers:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Do you:** Own \_\_\_\_\_ Rent \_\_\_\_\_

**If Renting - Landlord:** Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**How Long at Address:** \_\_\_\_\_

**Home/Renters Insurance:** Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

**Work Phone Number:** \_\_\_\_\_

**How Long:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

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

**Phone Number** \_\_\_\_\_

**2 Personal References – NON RELATED:**

**Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Do you have a fenced in yard?** \_\_\_\_\_ **If no, any plans to install?** \_\_\_\_\_

**Other Pets (past and current):**

Type \_\_\_\_\_ Name \_\_\_\_\_ Reason If No Longer Have \_\_\_\_\_

Type \_\_\_\_\_ Name \_\_\_\_\_ Reason If No Longer Have \_\_\_\_\_

Type \_\_\_\_\_ Name \_\_\_\_\_ Reason If No Longer Have \_\_\_\_\_

I have answered the questions truthfully and agree to allow the Des Moines County Humane Society to contact my veterinarian, personal references, employer, and insurance agent listed on this application. I understand that the DMCHS may refuse or deny my application for adoption for any reason.

My signature below indicates I am the person responsible for the care and well-being of the animal I adopt, and if for any reason I cannot keep the adopted animal, I will surrender it back to the DMCHS.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

DMCHS Employee Who Accepted Application \_\_\_\_\_