

ADOPTION APPLICATION FORM

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LANGLADE COUNTY HUMANE SOCIETY INC. 2204 Clermont St., Antigo WI 54409

ADOPTION APPLICATION FORM

Rev. 9/19/2008

(PLEASE PRINT)

Name _____ Date _____
Last First Middle

Address: _____ City/Zip _____

Home Phone: _____ Work Phone _____

HOUSEHOLD INFORMATION

Do you currently OWN or RENT? (Circle One)

Homeowner must provide proof of ownership, such as your real estate tax bill.

Renters, please provide your landlord's name & phone number _____

How many people live in your household? _____

Is everyone in your household aware that you are interested in adopting? () YES () NO

Are there children in the household? () YES () NO If yes, how many Children? ____ Ages _____

YOUR CURRENT AND PAST PETS INFORMATION

Name	Breed/Type	Age	Sex	Altered?	Temperament

If you no longer have the above pets, please explain what happened to them:

Will your new adopted pet be left alone: () All Day () Part of Day () Occasionally () Never

Will this pet be kept: () Indoors () Outdoors () Both Indoors and outdoors
() Fenced Yard () Kennel () Tie-Out () Other – explain: _____

Name of your veterinarian/clinic and phone number _____
