



For LTBHS Staff Use Only

Date of Adoption: _____

Animal Name: _____

Adoption Price: \$ _____

Pd by Cash or Ck: Cash _____ Ck # _____

Paid by Cr. Card: MC _____ V _____ AX _____ D _____

DNA List Checked-Staff Initials: _____

Staff Initials: _____

**LITTLE TRAVERSE BAY HUMANE SOCIETY
DOG ADOPTION POLICIES AND APPLICATION**

1. No animal will be released for adoption unless deemed healthy by the Little Traverse Bay Veterinary Clinic.
2. Animals will not be adopted to persons who have had charges or complaints which have resulted in interaction with the Animal Control Officer or courts. Approval of application is at the discretion of the adoption committee.
3. Animals will not be adopted out that are to be given as gifts, except those from a parent to a domicile minor child. LTBHS will be happy to issue gift certificates upon request.
4. Small dogs less than 15 pounds will not be adopted out to households with children under four years of age unless approved by the Executive Director or the Adoption Committee.
5. No animals will be adopted for “outside only” homes unless approved by the Executive Director or the Adoption Committee.
6. Animals will not be adopted to minors. Adopters must be 18 years of age or older.
7. Adoptions will not be approved to applicants if the home is deemed unsuitable for that individual animal.
8. All animals in the home must be spayed or neutered and have current vaccines.
9. All residents of the home must agree to and be informed of the adoption.
10. An adoption application must be completed, approved by LTBHS and the adoption fee paid before an adoption can proceed or if an animal will be placed on hold for that applicant.
11. If you decide to return the animal to LTBHS within 30 days of the adoption, the total adoption fee will be refunded. The total adoption amount is NON-REFUNDABLE after 30 days.
12. Landlords, housing authorities or housing associations must approve pets on premises prior to approval of adoption by LTBHS and before the animal is allowed to leave.
13. Some animals will require home ownership and/or a fenced in yard in order for an adoption to be approved.
14. False information on this form will result in the adoption being declared null and void with the animal to be returned to LTBHS upon notification.
15. Adopter is required to notify LTBHS in the event that the home is no longer suitable for the animal. Arrangements must be made in advance to return the adopted animal to LTBHS. The adopter is not permitted to rehome the adopted animal via another Humane Society or use of social media i.e. Facebook or Craigslist.
16. **Filling out this form does not guarantee an adoption will be approved. We reserve the right to deny any application without reason.**

Adopter (Head of Household’s Signature)

Date

Print Name

Application Expires

DOG AND PUPPY HEALTH STATEMENT

Thank you for considering adopting a dog or puppy from Little Traverse Bay Humane Society. When a dog or puppy arrives at our shelter, he/she is immediately vaccinated, wormed, and heartworm tested if they are of the appropriate age. We treat the animals for whatever health problems we see while they are with us. Unfortunately, the dogs or puppies may leave the shelter looking healthy but may come down with an illness after they get home. For this reason do not expose the dog to other dogs for at least two weeks.

The most common of these illnesses is kennel cough. The common signs of kennel cough are similar to those of a human cold and include coughing, sneezing, runny nose, watery eyes and chest congestion. This can become serious if not treated promptly. You will need to take your dog or puppy to a veterinarian. The cost for diagnosis and treatment may be more than \$100.00. Please be aware of this possibility before agreeing to the adoption.

There are other illnesses that may affect dogs and puppies. One of the most common problems that we have encountered is diarrhea due to change in diet. We feed and recommend Hills Science Diet Adult Dog or Puppy Formula because is it nutritionally good for your pet. Your pet may be on a special diet. Please discuss with staff if this is applicable. If you decide to change the food brand, it should be mixed gradually over a period of two (2) weeks with the food the animal is currently receiving. Please feel free to talk to us if you have any concerns or questions about any symptoms your pet may be experiencing or exhibiting.

You, “the owner,” will be financially responsible for any veterinarian and/or medical bills that this dog or puppy may incur once you adopt and the animal leaves our premises. LTBHS is not responsible or liable if an animal in the home becomes ill and requires veterinary care after the adopted animal is placed in the home.

Adoption of an animal is a serious responsibility. The guardian(s) must be capable of morally, physically, and financially accepting that responsibility.

I/we hereby desire to adopt the dog/puppy named “_____.”

I/we agree to provide proper food, water, shelter and kind treatment at all times.

I/we agree to take the animal to a veterinarian for examinations and immunizations as needed and to seek immediate veterinary care, at my/our own expense, should the animal become ill or injured. I/we understand that after a trial period of two weeks following the adoption, LTBHS can finalize the adoption and no refund will be given after that time if the animal has not been returned to the shelter.

I/we understand that LTBHS cannot guarantee the health, temperament, or training of the adopted animal(s) and hereby agree to release and hold harmless LTBHS from any and all liability for any accidents or injuries, which may arise out of my/our adoption of caring for this/these animal(s).

Health Guarantee and Return Policy

Little Traverse Bay Humane Society claims no liability in the health of our pets if they are to become ill. However, if the animal were to become sick within our 30 day refund period, the animal can be returned by appointment and your full adoption fee will be refunded.

If for some reason you decide not to keep your dog or cat after the 30 day refund period is over, you must first contact Little Traverse Bay Humane Society. We have space limitations and an appointment will need to be arranged prior to returning your pet. The Adoption Fee will not be refunded.

Please be patient, there are a lot of animals in need of our services. We appreciate your cooperation.

Adopter’s Signature: _____ Date: _____ Staff Signature: _____

**LITTLE TRAVERSE BAY HUMANE SOCIETY
ADOPTION APPLICATION**

Adopting a pet is a **lifetime commitment**. If you aren't prepared to work with your pet through the adjustment period and beyond, please look no further. If you won't keep your pet if you move or as your family grows, please look no further. If you aren't prepared to nurse your pet back to health if it gets ill or if it needs surgery, please look no further.

Rescue animals have been through so much – dumped in shelters or found roaming the streets. They have been abandoned, neglected, starved and possibly physically abused. They need **TIME, PATIENCE, UNDERSTANDING and LOVE** in order to succeed in their new homes. Sometimes it may take several months for a rescue animal to make the adjustment to your home and family. If you aren't **100% committed** to making this work with your new pet, please don't adopt. Any adopter of a rescue animal who has been through the adjustment period can tell you it's worth it. No pet is perfect just like no human is perfect. Please don't expect too much too soon from your new pet. We want every adoption to be successful.

Please print clearly.

TITLE: _____ FIRST NAME: _____ LAST NAME: _____

SPOUSE/PARTNER _____

NAME(S) OF OTHER ADULTS IN HOME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

DRIVER'S LICENSE NUMBER: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____

The person(s) interested in adopting a companion animal from LTBHS must complete this questionnaire. Please do not consider it an invasion of your privacy. This application process was created to match you and a shelter animal with a permanent suitable home. The animal(s) you are interested in is/are required to live at the above residence. LTBHS will be calling your veterinarian and landlord. This is vital information that is required before an adoption can proceed.

1. How long have you lived at the above address? _____
2. What type of dog are you looking for?

Small	Medium	Long Hair Large	Short Hair	Non-Shedding
-------	--------	--------------------	------------	--------------

 Specific Breed: _____
3. Please check any of the following reasons for adopting a pet that are applicable:

Watchdog	Companion	Breeding
Hunting Dog	Family Pet	Guard dog for business
Child's Pet	Companion for other pet	
Other: _____		
4. Adopter Occupation? _____ Adopter Employer? _____
5. Spouse/Partner Occupation? _____ Spouse/Partner Employer? _____
6. Are you interested in adopting this pet for:

Yourself	Your Family
----------	-------------
7. Where do you live?:

House	Condo	Apartment
Duplex	Mobile Home	Live with Parents
8. Do you own your home? Yes No If not, do you have a rent? Yes No
Landlord/Homeowner permission must be obtained prior to adoption.
 Landlord's Name: _____
 Landlord's Address: _____
 Landlord's Phone Number: _____
9. How many people live in your household? _____.
 Do all adults in the household know and approve of your plan to adopt a pet? Yes No
10. What are the ages of the children in your household? _____
11. What is the maximum amount of time your pet will be home alone during the day?

12. Who will be responsible for your new pet? _____
13. How do you plan to exercise your new pet? _____
14. Are you willing to spend the time and money on obedience training for your new pet?
 Yes No
15. Are there any elderly or disabled persons living in your household? Yes No
16. Does anyone in your family have allergies to dogs? Yes No

LITTLE TRAVERSE BAY HUMANE SOCIETY

1300 West Conway Road ■ Harbor Springs, MI 49740 ■ Ph: 231.347.2396 ■ Fax: 231.347.1243 ■

www.ltbhs.com This application is valid for six months from the date signed.

17. If adopting a DOG, how will you handle:
Housebreaking? _____
Chewing? _____
18. Have you ever adopted a pet from LTBHS? Yes No
From another shelter? Yes No If so, Name of Shelter: _____
Adoption Date: _____ Where is the pet(s) now? _____
19. How many dogs and/or cats have you owned in the past five years?
Dogs: _____ Cats: _____
Where is/are the pet(s) now? _____
20. Have you had a dog die on your premises of parvo or unknown causes within the past three months? Yes No
If Yes, Please explain: _____
21. Have you had a cat die on your premises of FIV, FIP, distemper (panleukopenia), leukemia or other unknown causes in the past three months? Yes No
If Yes, Please explain: _____
22. Are you willing to go to the expense (\$250+ per year) and are you aware that upon adoption, you will be responsible for routine care for your companion animal(s), such as: yearly vaccinations, heartworm testing/prevention, worming, flea control and immediate vet care if your animal becomes ill or injured? Yes No
23. Do you realize this is a commitment for the duration of the animal's and/or your life? (Please be conscious of the fact that animals can live upwards of 17 years.) Yes No
24. Where will your new pet live? Inside Outside
25. Is there a yard available? Yes No
If yes, is the yard completely fenced? Yes No
Wireless Fencing? Yes No
26. Is it okay with you that a LTBHS representative visits your home and inspects the animal's living conditions? Yes No
27. What will you do with your pet if you go away on vacation or in case of an emergency?

28. If you move, what will you do with your new pet? Please think about possible future situations: financial status, living situation, children, job changes, etc.

29. If you have any problems with your companion animal, will you work with LTBHS in trying to rectify the situation? Yes No

LITTLE TRAVERSE BAY HUMANE SOCIETY

1300 West Conway Road ■ Harbor Springs, MI 49740 ■ Ph: 231.347.2396 ■ Fax: 231.347.1243 ■

www.ltbhs.com This application is valid for six months from the date signed.

30. Name two personal references:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

31. Do you currently have any pets living in the same household? Yes No

If so, please describe them:

Name: _____

Age: _____

Sex: _____

Breed: _____

Are the pets: Indoors or Outdoors

If they are outdoor pets only, why? _____

Name: _____

Age: _____

Sex: _____

Breed: _____

Are the pets: Indoors or Outdoors

If they are outdoor pets only, why? _____

Name: _____

Age: _____

Sex: _____

Breed: _____

Are the pets: Indoors or Outdoors

If they are outdoor pets only, why? _____

32. Who is your current Veterinary Clinic? _____

Who is your Veterinarian? _____ Veterinary Clinic # _____

Are all your pets' vaccinations up-to-date? Yes No

Are they all spayed or neutered? Yes No

If not, please explain: _____

33. By signing below, I authorize LTBHS to speak with my Veterinary Clinic regarding my past and current animal(s) vaccinations and medical records and/or to obtain copies of such records.

By signing below, I certify that all information is true and correct to the best of my knowledge.

Please save this document as a PDF file and email to shelterpets@ltbhs.com.

Adopter's Signature: _____ Date: _____

Adopter's Signature: _____ Date: _____

LITTLE TRAVERSE BAY HUMANE SOCIETY

1300 West Conway Road ■ Harbor Springs, MI 49740 ■ Ph: 231.347.2396 ■ Fax: 231.347.1243 ■

www.ltbhs.com This application is valid for six months from the date signed.