



For LTBHS Staff Use Only

Date of Adoption: _____
Animal Name: _____
DNA List Checked: _____ Staff Initials: _____
Adoption Price: \$ _____
Paid by Cash, Check, _____, or Credit Card: MC V AM D

Little Traverse Bay Humane Society Adoption Application

FIRST NAME: _____ LAST NAME: _____

SPOUSE/PARTNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ MOBILE/LANDLINE

SECONDARY PHONE: _____ MOBILE/LANDLINE

EMAIL ADDRESS: _____

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

Please answer the following questions completely to the best of your ability:

1. Are you interested in adopting this pet for yourself or someone else? _____

2. Do you rent or own your home _____

Landlord's Name and Phone Number: _____

3. Have you or anyone in your household every been charged with animal neglect or cruelty? If yes, please explain: _____

4. Do you have additional animals in your home currently? _____

Dogs: _____

Cats: _____

5. Are your current pets up to date on vaccinations and spayed or neutered? _____

6. Do you have any concerns or questions about adopting a new pet? Please explain.

Little Traverse Bay Humane Society Adoption Agreement

By signing below, I acknowledge that I have answered the questions above fully and honestly, to the best of my ability. I authorize Little Traverse Bay Humane Society (LTBHS) to speak with my landlord (if applicable) to seek approval in adopting an animal and my veterinary clinic (if applicable) regarding my current animals' vaccinations and medical records. I understand that LTBHS adoptions are on a first come, first serve basis but that once my application is approved, I may place a twenty-four (24) hour hold on an animal for a non-refundable fee of \$25. I understand that staff at LTBHS reserve the right to deny any adoption if it is determined that it may pose risk to me or to the animal. In addition, I acknowledge that upon adoption, I will be responsible for routine care for this pet, including but not limited to yearly vaccinations, heartworm testing/prevention, deworming, flea control, etc. I understand that LTBHS claims no liability for the animal after adoption but that if I decide to return within thirty (30) days of adoption, I can be refunded the adoption fee in its full amount. I agree to contact LTBHS with any questions I may have regarding this animal's adoption and that I will contact LTBHS if I ever need to rehome or surrender this pet in the future.

Adopter Signature: _____ Date: _____

Adopter's Printed Name: _____

This application is valid for six (6) months after the date it was signed.

What are you interested in at LTBHS? Please circle all that apply.

Veterinary Care	Dog/Cat Boarding
Dog Training	Grooming
Doggie Daycare	Fostering/Volunteering

Is there anything else you'd like to see provided at the LTBHS campus? Please circle all that apply.

Community Programs- Kids/Teens/Adults/Seniors

Pet Training: Agility, Scent Work, Rally, Fitness, Board and Train

Seminars/In-person Learning: Grooming, Animal Care and Handling, Pet CPR, Animal Behavior

Doggie Socials/Open Play

Low-Cost Veterinary Services

Social Events/Programs or Events

Self-Serve Pet Wash

Pet Photography

Emergency/Specialty Veterinary Care

Additional Ideas:
