



**Dog Shelter**  
**100 Veterans Blvd.**  
**Georgetown, OH 45121**  
**937-378-3457**

**Cat/Small Animal Adoption Center**  
**422 Lincoln Ave.**  
**Georgetown, OH 45121**  
**937-378-2210**

### ADOPTION APPLICATION

Thank you for your interest in adopting an animal from the Brown County Humane Society (BCHS). In an effort to ensure the best possible placement for the animals in our care, we ask that you fill out the following application completely. All information will be kept confidential. The person signing this adoption application must be the intended owner of the animal, if the adoption is approved. Additionally, please note that you must be at least 18 years of age or older to adopt an animal from BCBS.

**\*\*\* Email completed application to: [adopt@bchsohio.org](mailto:adopt@bchsohio.org) \*\*\***

Type of animal interested in (ex: dog, cat, rabbit, etc.): \_\_\_\_\_

Name of animal(s) interested in adopting, if known: \_\_\_\_\_

**PERSONAL INFORMATION**

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ How old are you? \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Type of home you live in:  House  Apartment  Mobile Home  Condo

How long have you lived at this residence? \_\_\_\_\_

Do you own/rent your home?  Own  Rent  Other arrangement: \_\_\_\_\_

***If you do not own the home***, does homeowner allow the type of animal you will be adopting?  Yes  No

If your name is not listed as owner of property, provide name and phone # for property owner:

Name \_\_\_\_\_ Phone \_\_\_\_\_

How many adults live in your house? \_\_\_\_\_ Ages of children in house: \_\_\_\_\_

Are all members of your household in agreement about adopting an animal?  Yes  No

Do any members of your household have asthma or animal related allergies?  Yes  No

If yes, please describe: \_\_\_\_\_

In the event of a personal or family emergency, who would care for the animal you are adopting, or what arrangement would you make for the animal's care? \_\_\_\_\_  
\_\_\_\_\_

**CURRENT ANIMALS IN YOUR HOUSEHOLD**

Are there currently other animals in your home:  Yes  No

If yes, list the species and ages. For dogs, also list the breed(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all of the animals in your home up-to-date on vaccinations?  Yes  No  N/A (no pets)

If you currently have a dog(s), does he/she have a current county license tag?

Yes (County: \_\_\_\_\_)  No  N/A (do not currently own any dogs)

Are your dogs/cats spayed/neutered?  Yes  No  N/A (do not currently own any dogs/cats)

If any of your current pets are not up-to-date on vaccinations, not spayed or neutered, or do not have a required county license tag please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the name, address, and phone number of your current veterinarian or the veterinary practice you intend to use: \_\_\_\_\_  
\_\_\_\_\_

**MATCHMAKING INFORMATION**

Describe your household activity level (calm, highly active, etc.): \_\_\_\_\_

If adopting a cat, are your current pets cat-tested?  Yes  No  N/A (not adopting a cat)

Are you looking for an indoor or outdoor pet?  Indoor  Outdoor

Where will your adopted dog be when you are home?  N/A (not adopting a dog)

Indoors (outdoors for potty and exercise)  Indoors mostly/outdoors on occasion

Outdoors mostly/indoors on occasion  Strictly outdoors

If adopting a dog, how many hours will your dog be alone during the day? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where will your dog be when no one is home?  N/A (not adopting a dog)  
 Indoors with free roam of house  Indoors with limited roam of house  
 Indoors in crate  Indoors with outside access (ex: dog door)  
 Outside only with access to shelter or indoor area (ex: garage, barn)

If adopting a dog, do you have a fenced yard?  Yes  No  N/A (not adopting a dog)  
If yes, what type and height of fence? \_\_\_\_\_  
If not, how will you keep dog on property when outside? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Are you willing and able to accept the long-term commitment and financial expenses that come with owning and properly caring for the animal you are seeking to adopt?  Yes  No

Have you ever had to return, rehome or given an animal away?  No  Yes

If yes, who was your pet given to?  Family/Close Friend  Rescue organization  Shelter  
 Returned to breeder  Sold

Have you ever had an animal lost or stolen?  Yes  No

Have you ever had to retrieve your animal from a shelter or animal control?  Yes  No

If you have to move, what would you do with your adopted pet? \_\_\_\_\_  
\_\_\_\_\_

For what reasons would you consider returning or re-homing your adopted pet?  
\_\_\_\_\_  
\_\_\_\_\_

***By signing this application, I am stating that I have answered all questions completely and truthfully. In the event that BCHS (at any later time) discovers a falsehood, the adoption can be annulled, and the animal seized. By signing this application, I acknowledge that I have been informed that BCHS reserves the right to deny any application.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***Office Use Only -***

Application approved:  YES  NO If not, why \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_