



Mercer County
Humane Society

Adoption Application

896 Moberly Rd Harrodsburg, KY 40330 | (859) 734-5154 | mercerhumane@hotmail.com

About you...			
Your Name (please print):			Age:
Your Street Address:		Home Phone Number: ()	
City	State	Zip	Work/Alternate Phone Number: ()
Email Address:			
<i>(Please check the email address provided frequently for updates on your application status.)</i>			

Type of animal you are interested in: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Name: _____ Breed: _____

Have you ever surrendered a pet to this or any other shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain why?	Have you adopted from us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and which animal?
---	---

What is your reason for adopting a pet? <input type="checkbox"/> Companion for pet <input type="checkbox"/> Family pet <input type="checkbox"/> Child's companion/Age(s): <input type="checkbox"/> Adult's companion
--

What type of pet are you interested in? <input type="checkbox"/> Active and playful <input type="checkbox"/> Watch dog (would bark to alert)
<input type="checkbox"/> Couch potato and quiet <input type="checkbox"/> Guard Dog (would bite if provoked)

Where will the pet stay most of the time?	Where will the pet stay when you are gone?
Will the pet be allowed outdoors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How will the pet be controlled if allowed outside? Explain.	

About where you live...	
Type of dwelling: <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile <input type="checkbox"/> Other _____	
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with parent's/guardian	
Landlord's or parent's (if you reside with them) name & phone number:	
How many hours a day is someone home?	
Briefly describe your home.	
Is the yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of fencing?
If not, how will your animal get exercise?	

About your family?	
Are there any children that live or regularly visit your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate ages:	Does everyone in your house want a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No

Pet History		
Please tell us about any pets you have owned in the past 5 years		
Pet's Name	Type of Pet	Spayed/Neutered
	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Yes <input type="checkbox"/> No

What type(s) of food are you feeding your current animals?
How much money would you plan to spend yearly on your pet? <input type="checkbox"/> \$100-\$200 <input type="checkbox"/> \$200-\$300 <input type="checkbox"/> \$300-\$500 <input type="checkbox"/> Over \$500
If you had to give up your pet, would you <input type="checkbox"/> Take it to the nearest shelter <input type="checkbox"/> Give it to a friend or relative <input type="checkbox"/> Return it to us

Please list your veterinarian's name and phone number:
How long have you been a client?

Please list three (3) personal references and phone numbers:		
Name:	Phone number: ()	Relationship:
Name:	Phone number: ()	Relationship:
Name:	Phone number: ()	Relationship:

Thank you so much for your time and interest. It is not our intention to invade your privacy. It is our goal to place our pets in the situation that suits them best and to find you a pet that will work with your family, in your environment.

By signing this application, you are giving the Adoption Committee permission to call your veterinarian and personal references about your application.

Signature: _____ Date: _____

NOTE: Please complete this form in its entirety PRIOR to submitting. Failure to provide all information may slow down the approval process or result in a denied application.