



**Toccoa-Stephens County  
Humane Shelter, Inc.**

# Adoption Application

In order to be considered for adoption you must:

- Be 18 years of age
- Return the animal to TSCHS if for any reason you are unable to continue to care for the animal
- Understand that TSCHS has the right to approve or decline adoption applications at their discretion

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Applicant Name (s) \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phones Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Adults in household \_\_\_\_\_ Children in Household \_\_\_\_\_ Children's Ages \_\_\_\_\_

Are all members of the household aware of your plans to adopt? YES NO

Do you currently: RENT OWN If renting does your landlord allow pets YES NO

**About the Pet:**

Do you want this pet for: (circle all that apply)

COMPANIONSHIP PROTECTION GIFT OTHER \_\_\_\_\_

How many hours a day will you and other family members spend with the animal? \_\_\_\_\_

Where will your pet be kept during the day? (circle all that apply)

INDOORS OUTDOORS DOG PEN CRATE GARAGE BASEMENT

What will you do with the pet if you move in the future? \_\_\_\_\_

Do you realize that a dog or cat may live 15 years or more? YES NO

It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. How do you plan to help your new pet adjust?

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What type(s) of pets do you own now or have owned in the past 5 years?

Name	Type/ Breed	Age	Sex	Spayed/ Neutered	Declawed	Still Own?	If no, why?
				YES NO	YES NO	YES NO	
				YES NO	YES NO	YES NO	
				YES NO	YES NO	YES NO	
				YES NO	YES NO	YES NO	
				YES NO	YES NO	YES NO	

Who was your veterinarian for the above animals?

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

Are your existing pets current on Rabies Vaccinations YES NO

Would you object to our verifying the above information? YES NO

Are you prepared to care for this pet for the rest of his/her life? YES NO

Do you agree to have the pet examined by a veterinarian within 5 days? YES NO

Do you agree to provide humane care, proper food, water and shelter? YES NO

Do you agree to provide the pet immediate treatment if injured or ill? YES NO

Routine veterinary care can cost up to \$300 annually and emergencies can cost over \$1,000. Are you willing to provide this level of care? YES NO

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By signing this contract below, I certify that:

The information I have given is accurate and true.

I authorize my veterinarian/landlord to release information requested by TSCHS.

I agree to bring the pet back to TSCHS in the event I can no longer care for the animal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TSCHS Representative Signature: \_\_\_\_\_