



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 ***

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

Name of animal 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: _____

Office Use Only -

Application approved: YES NO If not, why _____

Staff signature: _____ Date: _____