

NAME OF PET: _____

ADOPTION APPLICATION FORM

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LANGLADE COUNTY HUMANE SOCIETY, INC.
Wisconsin License Number: 268577

2204 Clermont St., Antigo WI 54409
Rev. June 2022

(Please Print)

Name: _____
Last First Middle Date

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Have you or anyone in your household ever been charged or convicted of an offense related to
Animal Abuse or Neglect? Yes or No

Household Information

Do you currently: _____ Rent or _____ Own (Circle one)

Homeowner must provide proof of ownership, such as your real estate tax bill: _____

Renter, please provide your landlord's name and phone number: _____

How many people live in your household? _____

Is everyone in your household aware that you are interested in adopting: Yes or No

Are there children in the household? Yes or No

If yes, how many children? _____ Their ages: _____

Your Current and Past Pet's Information for the last 5 years:

Name	Breed/Type	Age	Sex	Altered (yes / no)	Temperament
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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Animal's Name: _____ Dog Cat A & D # _____ Age: ____
Breed: _____ Color: _____ Sex: _____ Altered? Yes: ____ No: ____
Rabies #: _____ Dog License #: _____
Licensed in: City of Antigo Township of: _____ Village of White Lake

The Langlade County Humane Society accepts stray and surrendered animals regardless of their condition. Unfortunately, many of these animals can harbor various diseases. Sometimes healthy appearing animals can be in the incubation period of a disease. This means that an animal will not actually become ill for five to ten days after exposure. This may result in an adopted pet becoming seriously ill after having been adopted. **Langlade County Humane Society takes all possible steps to prevent this from happening, but it is impossible to guarantee the health of a shelter animal.**

I AGREE TO THE FOLLOWING STATEMENTS: (Please initial each item)

- ___ An animal who appears healthy may harbor a disease.
- ___ An animal from the Shelter may expose other pets in your home to a disease.
- ___ LCHS cannot guarantee the health of an adopted pet even though all our animals are seen by a Veterinarian many times while at the shelter.
- ___ I will provide humane care, giving the animal proper food, water, shelter, exercise and Veterinary care in case of illness or injury.
- ___ I will report to the Langlade County Humane Society if at any time, I decide to relinquish custody of the animal, or if the animal is lost or stolen.
- ___ I will comply with all laws and ordinances in force in the area in which I reside, as they apply to this animal.
- ___ I will make no claims whatever against the Langlade County Humane Society for any expense incurred while this animal is in my possession.
- ___ I agree not to hold the Langlade County Humane Society responsible for any illness of the animal nor for any damages which the animal may do any person or property.
- ___ I will return said animal to the Langlade County Humane Society if at any time I am requested to do so because of my violation of the terms in this contract.
- ___ LCHS will not provide a refund if an adopted animal is returned, as the adoption fee will be considered a donation unless the animal is returned within 10 days.
- ___ I understand that the Langlade County Humane Society has the right to deny my request to adopt an animal and I authorize investigation of all statements in this application including a site visit.
- ___ All of our animals are Microchipped. Call the number in your adoption folder to register. Also, Pethealth Inc. offers Pet Health insurance. Please call the number in your folder for a quote, if interested.
- ___ Adopter must provide ID (such as Driver's License) if requested.

Signature of Adopter: _____ Date: _____

Printed Name of Adopter: _____

Signature of Shelter Worker: _____ Date: _____

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OFFICE USE ONLY

Veterinarian Reference: _____ Confirm Photo ID: _____

CCAP: _____

Landlord Permission: _____ Home ownership verified: _____

Interview Comments: _____

ADOPTION

Approved: _____

Denied: _____

CUSTOMER RECEIVED

____ Copy of Adoption Contract

____ Rabies Tag and Certificate (if applicable)

____ Animal Health Record

____ Receipt

LCHS RETAINS:

____ Adoption Contract

____ Application

____ Completed A & D Form

____ Copy of Rabies Certificate (if applicable)

____ Copy of Animal Health Record

____ Receipt

1. Completed Paperwork should be put into the bin, or into the file.
2. Check, Cash and Receipts into the safe.