Elmbrook Humane Society (EBHS)
Adoption Application

20950 Enterprise Avenue, Brookfield, WI 53045
Ph: 262-782-9261 Fax: 262-782-3356 Website: www.ebhs.org

❍Dog _____

❍Cat _____

❍Small Animal _____

In order to be considered for adoption, you must:

- Be at least 18 years of age
- Have formal identification
- Have the consent of all adults living in the household
- Understand that we have the right to deny or accept any application
- Bring in your dog to meet its potential new dog companion

Name (first and last)			Date
Street Address	**City**	**State**	**Zip Code**
Phone/Type (primary)	**Phone/Type (secondary)**	**Email**	

Household Information

Do you (check one) ❍ Rent ❍ Own ❍ Other _____ How long at current residence? _____

Landlord/Management Co. and phone number: _____

Have you ever applied to adopt from EBHS before? ❍Yes ❍No Have you adopted from another shelter or rescue? ❍Yes ❍No

If so which one? _____

Are you currently: ❍ Employed Full-time ❍ Employed Part-time ❍ Student ❍ Retired

Other: (please explain) _____ Employer (Optional):_____

Please list all people currently living in your home:

First & Last Name	Age		First & Last Name	Age
	❍0-7 yrs ❍7-12 ❍12-18 ❍18+			❍0-7 yrs ❍7-12 ❍12-18 ❍18+
	❍0-7 yrs ❍7-12 ❍12-18 ❍18+			❍0-7 yrs ❍7-12 ❍12-18 ❍18+
	❍0-7 yrs ❍7-12 ❍12-18 ❍18+			❍0-7 yrs ❍7-12 ❍12-18 ❍18+
	❍0-7 yrs ❍7-12 ❍12-18 ❍18+			❍0-7 yrs ❍7-12 ❍12-18 ❍18+

Please list all companion animals **currently** living in your home **and** those that have lived in your home over the **last 5 years**:

Name	Breed	Age	Sex	Altered	Declawed	Still in Home
				❍ Y ❍ N	❍ Y ❍ N	❍ Y ❍ N
				❍ Y ❍ N	❍ Y ❍ N	❍ Y ❍ N
				❍ Y ❍ N	❍ Y ❍ N	❍ Y ❍ N
				❍ Y ❍ N	❍ Y ❍ N	❍ Y ❍ N
				❍ Y ❍ N	❍ Y ❍ N	❍ Y ❍ N
				❍ Y ❍ N	❍ Y ❍ N	❍ Y ❍ N
				❍ Y ❍ N	❍ Y ❍ N	❍ Y ❍ N

Veterinary Information

Clinic Name	Veterinarian Name	Location	Clinic Phone Number

Are all of your current pets up-to-date with vaccinations? ❍Yes ❍ No ❍ Unsure

Please indicate which topics you would like to discuss with your counselor?

❒ Introducing your new pet to current pet(s)
❒ Pet care costs
❒ Where to keep your new pet when you are not home (crating)
❒ Common medical issues
❒ Choosing the right pet sitter/boarding facility/daycare
❒ Training, enrichment, exercise
❒ Other ___________________________________
❒ Feeding/Diet
❒ Safety proofing your home
❒ Children and pets
❒ Housetraining/Litter Box Training
❒ Appropriate vet care
❒ What to do if your pet is lost

By signing below, I certify that the information I have given is true and correct, and I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that Elmbrook Humane Society (EBHS) has the right to deny my request to adopt an animal. I authorize investigation of all statements in this application, including veterinarian records, landlord, and other humane societies. I do understand that this information could be made available to other humane societies. I agree to release EBHS from any liability for damage or injury caused by animals in their care during the adoption process. This form will become the property of EBHS. EBHS reserves the right to refuse any adoption for any reason.

❒ If I adopt, to be eligible for the 30 day trial of insurance through Hartville Insurance, I consent to Pethealth, Inc. collecting and using my personal information for the purpose of contacting me with commercial electronic messaging and telephone communications (including contacting me regarding the trial of insurance).

❒ I do not consent to Pethealth, Inc. having my personal information for purposes of contacting me and therefore with not be eligible for the 30 day trial of insurance.

Signature ____ Date _______________________

~~~~~~-OFFICE USE ONLY-~~~~~~

Identification	ID Type	ID Number	DOB
Housing	Verified	Date	Verified By
	❍ Yes ❍ No		
Comments			
Veterinary Info	Verified	Date	Verified By
	❍ Yes ❍ No		
Comments			
EBHS/PetPoint	Checked	Date	Verified By
	❍ Yes ❍ No		
Comments			
Household	Family Members Met: ❍ Yes ❍ No Date: _______	Dog to Dog: ❍ Yes ❍ No Date: _________	
Final Approval	Outcome	Date	Verified By
	❍Approved ❍Denied ❍Pending		
Comments			PetPoint ID Number
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