Indiana County Humane Society

191 Airport Road, Indiana, PA 15701

Application for Adoption

OUR ADOPTION PROCESS: Our animals most often come to us hungry, hurt, abused, and unwanted. Our mission is to give each one of them the best possible second chance at a loving, permanent home. The adoption process is as easy as:

- 1. Complete the Application. Each item must be completed for us to proceed with the adoption. You will be asked to give personal references, landlord, and veterinarian information.
- 2. A staff member will review your application for completeness and counsel you on the adoption policies at ICHS. Also, at this time, the staff member will contact your references, landlord (if applicable) and veterinarian. While we are processing your application, you will receive a copy of the Adoption Contract for review.
- 3. With an approved Application, you will be asked to sign a contract and pay the adoption fee and any required license.

If there are no applications ahead of yours and we can contact your references, landlord, and veterinarian, the approval process takes approximately one hour. Please ask staff member your expected processing time. You may wish to take your pet for a walk or return to the shelter in a few hours. We appreciate your patience throughout the adoption process.

Please Note: We cannot "hold" animals. All adoptions are on a first-come, first-serve basis. ICHS reserves the right to deny any application.

The Pet's Name You Wish to Adopt:	
Primary reason for adoption?	_What attracted you to this pet?
Where will the pet primarily live? () Indoor () If outdoors, where?	
Dog Adopters: What outside space is available? () Fer	nced Yard () Kennel () Patio () Unfenced yard
When you're not home, where will the pet live?	How many hours a day will the pet be alone?
Under what circumstances would you not keep the pet?_	
Have you ever adopted from ICHS?, If yes, Wh	en From Another ShelterWhen
Have you ever surrendered an animal to a shelter?	Name of Shelter
When Why	
ABOUT YOU:	
Name	Phone # Email
Address	
CityS	stateZip

County	Township/Bord	ough	
Time at Current Address	Do you: () Own () Rent() Plan	to Move (when/where)
Does your Landlord Allow Pet	s	Landlords Name/Phone	
Occupation		Emplo	yer
Two non-relative references:	Name		Phone #
	Name		Phone #
Veterinary Reference:			Phone#
Names of People in Househol	d Age	Relationship	What Allergies Do They Have?
ABOUT YOUR EXISTIN	G PETS		
Do you have pets now? () Y			st? () Yes () No
Type of Pet How/Why	Obtained	How Long Kept	What Happened to the Pet?
reserves the right to refus hereby give permission to	se adoption o contact an at the ICHS	to anyone. You must be y names on this applica	e and correct. I understand the ICHS at least 21 years of age to adopt. I tion. By signing below, I signify that I by illness, property or personal damage
Signature:			Date:
FOR ICHS USE: Date Intake # Notes_	Ti ICHS Re		Name
Approved / Denied: Expl	anation:		