



SMALL ANIMAL ADOPTION APPLICATION (All fields required, unless noted)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Preferred Contact Method: Phone Email

Email Address (used for Chip ID): _____

Yes, I want to subscribe to CHA's: Newsletters Event Notices Urgent Shelter Alerts Gift Matching

The Animal You Want to Adopt

Description: _____

Reason for adopting: _____

Where did you hear about this animal? Shelter Visit Friend Facebook Instagram TikTok X
 CHA Newsletter CHA Website Petfinder Adopt-a-Pet Other, Specify: _____

About Your Home

Ownership: Own Rent Parent Owns Parent Rents Other, Specify: _____

Type: House Multi-unit House Apt/Condo Mobile Home Other, Specify: _____

If Rent, Landlord's Name: _____ Phone: _____

Do you have their approval to adopt? Yes No, explain: _____

NOTE: If applying with an ESA Letter, please send a copy of the letter with your application.

How many moves in the past 5 years? _____ Length at current address? _____

About Your Household

How many adults live with you? _____ How many children live with you? _____

How many children visit regularly? _____ What are the children's ages? _____

List the full names of all adults in the household (list any additional names at the end of the form):

Are all household members in agreement with the adoption? Yes No

Is any household member nervous or unsure around animals? Yes No

Does anyone living with you have asthma or allergies to animals? Yes No

Who will be the animal's primary caregiver? _____

Who will be financially responsible for the animal? _____

Describe your household activity level: Low Average High

Plans For Your New Animal

Where will the animal live: Inside Outside Mix

Describe the enclosure you will use: _____

How long, on average, will you spend with the animal daily: 0-2 hrs 3-5 hrs 6-9 hrs 9+ hrs

Are you willing to bring the animal to a vet once a year? Yes No

Are you able to afford all the necessary expenses for the animal? Yes No

Are you committed to providing a lifelong home? Yes No N/A, it's a gift

Is this animal a gift? No Yes, for: _____

If the animal needs to be rehomed (for any reason), will you contact CHA first? Yes No

Pets History

Do you and your household members have experience owning this type of animal? Yes No

Have you ever surrendered, given away, or returned an animal? Yes No

Do you have experience being a primary caregiver for this type of animal? Yes No

Current Pets (List any additional pets at the end of the form)

Pet's Name	Species/Breed	Age	Years Owned	Gender	Spayed/Neutered?	Vaccines up to date?
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any behavioral or health issues? No Yes, list: _____

Current vet clinic: _____

Previous vet clinics: _____

Okay to verify vet records? No Yes, name on the records: _____

Personal References (Three NON-FAMILY references MUST be provided)

Reference's Name	Phone	Relationship to You

Terms & Conditions—Read Carefully

- Chequamegon Humane Association (CHA) does not discriminate based on protected characteristics.
- CHA reserves the right to deny any adoption application without explanation.
- Approval doesn't guarantee placement. Placements prioritize animals' best fit, not first-come, first-served.
- All information provided in this application is true, accurate, and not misleading.
- CHA may contact any references listed, including veterinarians and landlords.
- CHA cannot guarantee the long-term health or temperament of any animal.
- Incomplete forms will not be processed. Contact CHA staff if you need help completing the form.

By signing below, you confirm that you have read, understood, and agree to the above terms. *Note: Unsigned applications will not be processed. If using the fillable PDF, you must electronically sign.*

Signature: _____ Date: _____

DELIVER SIGNED FORM: To the shelter, Mail to PO Box 93, Ashland, WI 54806, or Email to CHAadopt@yahoo.com.

