

# THE HUMANE SOCIETY OF KENT COUNTY MARYLAND, INC.



10720 Augustine Herman Hwy  
Chestertown, MD 21620  
Phone: (410) 778-3648  
Fax: (410) 778-7371  
*info@kenthumane.org*

## **PRE-ADOPTION CONSIDERATIONS**

Before you plan to adopt an animal, The Humane Society of Kent County Maryland would like for you to take into consideration the following:



**ADOPTION FEE:** Our adoption fees only cover a small portion of the cost to care for the animals in our shelter. These fees may include, but are not limited to, spay/neuter (if the animal is old enough), vaccines, blood testing for diseases, monthly preventatives (such as flea and heartworm prevention) and microchipping. Once adopted, all follow-up care is the responsibility of the adopter.



**FINANCIAL:** The costs of feeding, monthly preventatives, and regular veterinary care for just one pet can be upwards of \$1,000 per year. Please be prepared for the costs involved in owning an animal.



**TIME:** Animals are companions and deserve to have time and attention from humans. If you work long hours or have other lifestyle activities that keep you busy, a pet may not be ideal at this time.



**COMMITMENT:** Adopting a pet should not be an impulse decision. Please give this decision plenty of thought to determine if this animal will fit into your lifestyle. Pets can have an average lifespan of 12 to 20 years.



**EXPECTATIONS:** We all have an ideal image of what we would like our pets to be – flawless and obedient. The reality is that shelter animals are often given up because people failed to provide them with the care or training they needed. The shelter staff works very hard to step in and work with these animals so they become highly adoptable. Housetraining & obedience training must continue when you adopt.

If you are still interested in adopting after reading this, please complete the attached application.

I have read the above information:

---

**Signature**

---

**Date**

This page intentionally left blank



THE HUMANE SOCIETY OF KENT COUNTY MARYLAND, INC.

FOSTER/ADOPTION APPLICATION

10720 Augustine Herman Hwy
Chestertown, MD 21620
(410) 778-3648
Fax: (410) 778-7371
info@kenthumane.org

Approved

Denied

Animal Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Humane Society of Kent County Maryland, Inc., reserves the right to refuse adoption of an animal to anyone who falsifies information or fails to comply with HSKC's standards of animal care. Failure to provide complete information may result in delays in processing or denial. It is at the sole discretion of the HSKC to determine the appropriate match with the type of home that best provides for the specific animal's needs. PLEASE COMPLETE ALL INFORMATION BELOW—

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse/Roommate: \_\_\_\_\_ Are they in agreement to adopt? YES / NO

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

Type of Home: Single Family Home Apartment/Condo Townhouse Mobile Home Farm Home

DO YOU: RENT / OWN? (HSKC will check property records to ensure ownership)

If renting, landlord's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse's/Partner's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Please list two references who can bear witness to your ability to be a responsible pet owner:

(Please note: only one of your references may be a family member)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Please list all pets that **CURRENTLY** live with you:

NAME	BREED/TYPE	AGE	SEX	ALTERED	WHERE KEPT	OFFICE USE ONLY
			M / F	YES / NO	IN / OUT	
			M / F	YES / NO	IN / OUT	
			M / F	YES / NO	IN / OUT	
			M / F	YES / NO	IN / OUT	
			M / F	YES / NO	IN / OUT	
			M / F	YES / NO	IN / OUT	

Name of current veterinarian: \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Please list **PREVIOUSLY** owned pets (within past 5 years)

NAME	BREED/TYPE	YEARS OWNED	WHAT HAPPENED TO THIS PET?	WHERE KEPT
				IN / OUT
				IN / OUT
				IN / OUT

Veterinarian for previously owned pet(s) \_\_\_\_\_ Phone (     ) \_\_\_\_\_

*Have you ever adopted from our shelter before? YES NO If so, when? \_\_\_\_\_*

*How did you hear about our shelter / this animal? \_\_\_\_\_*

**PLEASE ANSWER THE FOLLOWING:**

1. Is this your first experience owning a pet? YES / NO
2. Your reason for adoption? (circle all that apply) *House Pet* *Guard Dog* *Gift* *For Child*  
*To Breed* *Farm pet* *Companion for another pet* *Other:* \_\_\_\_\_
3. How do you plan to keep this animal contained on your property? (circle all that apply)  
*Outdoor Kennel* *In the House* *In a Garage* *Fenced Yard* *Trolley System*  
*Invisible/Underground Fencing* *On Patio/Porch* *Other:* \_\_\_\_\_
4. If you have fencing, please describe the type and height: \_\_\_\_\_
5. If there are children living in the household, how many? Ages? \_\_\_\_\_
6. What arrangements will you make for your pet when you are on vacation? \_\_\_\_\_  
\_\_\_\_\_
7. Are you prepared to take this animal for a complete veterinary exam within 10 days of adoption? YES / NO  
(This may include having them vaccinated for booster shots if necessary)
8. If you are adopting a cat, do you plan to declaw? YES / NO
9. If you are adopting a dog, do you plan to crop ears or dock tails? YES / NO

I, \_\_\_\_\_ hereby grant permission to The Humane Society of Kent County Maryland, Inc., to contact my veterinarian, local animal control agency, and references to obtain information related to my current and previously-owned pets in order to verify information on this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your cooperation in completing this application. Please allow our staff at least two business days to process the information and contact you.

**ADOPTION FEES:**

*Adoption fees apply.*

*Please refer to our current adoption fee list posted on our website or at our shelter.*

*In many cases, our adoption fee does not cover the full cost of medical and basic care needs during an animal's stay at our shelter. As a 501c3 nonprofit organization, we rely on donations from individuals, corporations and foundations to fund our programs and operating expenses.*

**--- FOR OFFICE USE ONLY ---**

**DATE/NOTES/STAFF INITIALS**

LANDLORD APPROVAL	YES NO	
SHOTS UP TO DATE	YES NO	
ANIMAL CONTROL		
REFERENCES		
MEET & GREET REQUIRED?	YES NO	

**ADOPTION: APPROVED**

ADOPTER CONTACTED ON: \_\_\_\_/\_\_\_\_/\_\_\_\_ SCHEDULED TO PICK UP ON: \_\_\_\_/\_\_\_\_/\_\_\_\_

SPAY/NEUTER DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ VETERINARIAN SCHEDULED WITH: \_\_\_\_\_

**ADOPTION: DENIED**

APPLICANT CONTACTED ON \_\_\_\_/\_\_\_\_/\_\_\_\_ EDUCATION OFFERED? YES NO

**REASON/COMMENTS:**

---



---



---