Heart of Minnesota Animal Shelter
21918 180th street, Hutchinson, MN 55350
320-234-9699 or www.heartofminnesota.org

Name of Animal _____
Animal ID #_____
Date _____

This form must be complete prior to the adoption of a cat or dog. This information will help HMAS achieve its goal of finding permanent, responsible, loving homes for the animal in its care and allow HMAS to better assist you in finding a pet will-suited to your life. Regrettably, the needs of some animals may not be compatible with every home, so the **HMAS reserves the right to refuse/deny adoptions.**

APPLICATION INFORMATION

Name _____ Home/Cell Phone #_____

Address _____ City _____State ____ Zip _____

E-Mail Address _____

Employer _____ Work Phone # _____

Spouse/Partner Name _____ Home/Cell Phone #_____

Are you 18 years or older? YES _____ NO _____

Have you adopted or applied to adopt a cat or dog from the HMAS in the past? YES _____ NO _____

How many people are in your household? **Adults** ____ **Children** _____ **Ages of Children** _____

Roommates _____ **Renters** _____ **Others** (explain) _____

Are there other animals currently living in your home ? YES _____ NO _____

If YES: Dog(s) _____ How many? _____ Cat(s) _____ How many? _____ Other: _____

Which veterinary clinic do you use?

Name _____ Location _____

Do you reside in: Single family home Townhouse Condo Duplex Apartment Mobile Home

Do you: OWN _____ RENT _____

If renting, please provide: Name of Landlord _____ Phone # _____

Will the animal you are adopting be: Primarily indoors _____ Primarily outdoors _____ Indoor/Outdoor _____

Please describe the housing accommodations for this animal_____

_____

Some animals may require a pre or post adoption home visit. If so, would you agree? YES_____ NO _____

How did you hear of the HMAS (circle): Newspaper Facebook Family/Friend Pet Finder HMAS Event

The **HMAS** staff appreciates your time and consideration of these issues and would be willing to discuss any concerns you have regarding this adoption.

QUESTIONS FOR CONSIDERATION: **COMMENTS:**

* Is everyone in your household aware of the decision to adopt a pet? YES _____ NO _____
  Are the all in agreement? YES _____ NO _____

* Is anyone in your household allergic to animals, or could young children or older adults be vulnerable to harm from an animal who is too large or too overly playful for their needs? YES _____ NO _____
  If yes, explain _____
  _____

* Who will be the primary caretaker of this animal and who will care for the pet if they cannot? _____
  _____

* Are you confident you will be able to handle both the time and costs involved in providing this animal with the following:
  - food, water, regular exercise, love and attention YES _____ NO _____
  - proper training/fencing (dog) /clean litter (cat) YES _____ NO _____
  - safe, secure and weather sensitive accommodations YES _____ NO _____
  - veterinary care (as needed) YES _____ NO _____

* Will you be able to ensure that a dog will not be left alone for more than 8 hrs. unable to relieve themselves? YES _____ NO _____

* Are you familiar with the laws and regulations in your community YES _____ NO _____
  If no, do you need assistance in finding the information you need? YES _____ NO _____

* If adopting a dog, are you planning to have it primarily for hunting, for a guard dog, a therapy dog, or as a personal or family pet? _____
  _____

*If adopting a dog, do you have a fenced yard? YES _____ NO _____
(This is not a requirement for adoption, though may be necessary for specific dogs)

* If adopting a cat, are you planning to keep the cat indoors or will it be allowed outdoors at times? _____
  _____

* What are your plans for how to handle any behavioral problems that may arise, including introductions, housebreaking, and discipline? _____
  _____
  _____

* Name animals have been in your home in the past 5 years that are no longer living with you, and the reason:
_____
_____

Do you have any other comments or questions? _____
_____

I have been truthful in all statements made on this application and to HMAS staff. If any statement is found to be false my application can be refused, or the animal adopted can be reclaimed by the HMAS without a refund or replacement certificate.

Signature: _____ Date: _____

Last Revision: 11/17/2025

FOR OFFICE USE

Landlord contacted: Date _____ Approved _____ Not Approved _____

Conditions

_____

Applicants I.D.

_____

STAFF COMMENTS: _____

_____

_____

Staff Signature _____ Date _____

Staff Signature _____ Date _____