



CANINE ADOPTION APPLICATION

Applicant Information					
Name:		Driver's license #:		State:	
Address:					
City:		State:		Zip:	
Telephone numbers: Home:		Work:		Cell:	
E-mail Address:				Date of Birth:	
Number of People in Household:		If children are in the household, please list ages:			
Are you or any member of your family allergic to pets: Yes No			Have you been tested: Yes No		
Are you presently: Employed Employer:			Unemployed Retired Student		
Co-Applicant Information					
Name:		Relationship:			
Telephone numbers: Home:		Work:		Cell:	
E-mail Address:				Date of Birth:	
Are you presently: Employed Employer:		Unemployed Retired Student			
General Information					
Type of residence: House Apartment Condo Mobile Home Farm/Barn Living with someone					
If rental, are dogs allowed?: Yes No		Size Restrictions? Yes No		Max. Size:	
Complex name/address:					
Manager/Landlord:				Phone number:	
Current housing location: City Limits Outside City Limits					
Type of street: Very busy road Slight traffic Residential area Country road		Speed limit:			
Where will dog live? Inside only Outside only Mostly inside Mostly outside					
Where will the dog spend nights? Inside Outside Crate Garage Outside Kennel Doghouse					
Do you have a fenced yard? Yes No			If Yes, how high?		What kind?
Will you allow the dog to run loose? Yes No			If Yes, where?		
How many hours per day will the dog be alone?			Where will the dog stay when left alone?		
Describe the activity level in your home:		Busy (visits by friends, meetings, children, parties at home) Noisy (TV, stereo, machinery, tools, children playing, dogs barking) Moderate (normal comings and goings) Quiet (homebodies, few guests) Other (specify)			
In the absence of the primary caregiver, who will care for the dog?					

Under what circumstances would you return the dog to us? New Job Divorce New Baby Move Illness Never
How did you hear about HSSCM? Newspaper TV Radio Petfinder.com Friend Website Mobile event Other
Will you allow a representative to visit your home? Yes No Best time:
Are you willing to take responsibility if this pet acquires an illness or tests positive for heartworms? Yes No
Are you willing and able to pay the veterinary costs of caring for your new pet? Yes No
Are you willing to take the time to work with a dog on housebreaking or chewing, if such problems arise? Yes No
Would you consider obedience training for your new dog? Yes No
How much time are you prepared to allow for your new pet to adjust to your home?

Pet Information

Have you had pets in the last five years? Yes No		If yes, complete the following chart				
Name of Pet; Type of Pet	Years Owned	Spayed/Neutered		Inside/Outside		Where is Pet Now?
		Yes	No	Inside	Outside	
		Yes	No	Inside	Outside	
		Yes	No	Inside	Outside	
		Yes	No	Inside	Outside	
		Yes	No	Inside	Outside	

Current or past vet name of clinic:	Phone:
Do you consider your dog a part of the family? Yes No	Will your dog be on heartworm prevention? Yes No
Are you aware that a dog is a large and lifelong commitment? Yes No	
Are you willing to crate train your new dog? Yes No	

Personal References

# 1 Name:	#1 Phone:	#1 Relationship:
#2 Name:	#2 Phone:	#2 Relationship:

I CERTIFY THAT THE ABOVE IS TRUE AND UNDERSTAND THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.

**I understand that this questionnaire remains the property of the Humane Society.
(You must be 21 years old or 18 with 6 months of permanent residence.)**

Signature: _____ Date: _____

Please return this form to the adoption desk so that we may review it with you.

***** OFFICE USE ONLY*****

Approved by _____	Date _____
Issues discussed _____	
Denied by _____	Date _____
Reasons denied _____	