



DOG ADOPTION APPLICATION

Today's Date: _____

Dog's Name: _____

Name: _____

Phone: _____

Street Address: _____

E-mail: _____

City: _____

State: _____

Zip Code: _____

I am: 21-30 years 30-50 years 50-60 years 60-70 years 70 years +

Occupation: _____

1. Do you: own rent live with friends/family **How long at address?** _____
2. Is it a: house apartment mobile home **Do you have a fenced-in yard?** YES NO

Type of fence: _____

3. If you rent, Landlord's Name: _____ Phone: _____

Does the landlord allow pets? YES NO

Staff notes: _____

4. How many children live in the home? _____ Ages: _____

5. How many children visit the home often? _____ Ages: _____

6. Who will be responsible for this pet's care? _____

7. Do you want this dog as a: Companion Guard Dog Gift Hunting Dog Protection
Companion for another dog Other (specify): _____

8. What is your ideal dog? _____

Energy level: High Moderate Low Size: XL L Med Small

Age: Puppy under 6 mo Teenager 6 mo-2 yrs Adult 2-6 yrs Senior 7+ yrs

9. Where will the animal spend its days and nights? (Circle each applicable)

Loose Indoors: Day/Night

Crate Indoors: Day/Night

Tied Outside: Day/Night

Fenced Yard: Day/Night

Outdoor Kennel: Day/Night

Daycare/Boarding: Day/Night

10. If keeping pet outside, what facilities do you have available? _____

11. How many hours will the pet be left alone during the Day _____ and Night? _____

12. Are you willing to house train a dog if necessary? YES () NO ()
13. Are you willing to crate train this dog? YES () NO () If not, please explain: _____

Are you familiar with crate training? YES () NO ()

14. What will you do if your dog chews furniture or shows other signs of destructive behavior?

15. Are you willing to take this dog to an obedience class? YES () NO ()
 If not, why? _____

16. Please explain any behaviors that would cause you to return the dog to the shelter:

17. Do you agree to give your newly adopted dog a minimum of 3 weeks to decompress and adjust to its new surroundings before making an appointment to return it to the shelter, if you think it is not working out?
 YES () NO () If no, please explain: _____

18. Most shelter animals have unknown medical backgrounds. Are you prepared to take this pet to the veterinarian within 30 days for a medical examination and understand that any necessary medical treatment is at your own expense? YES () NO ()

19. Are you willing to provide care and make a commitment for the lifetime of the animal (10-20 years)? YES () NO ()

20. Have you ever adopted from this shelter? YES () NO () If yes, when? _____

21. Have you surrendered an animal to this or any other shelter? YES () NO ()
 If yes, please explain: _____

22. Do you have any other pets now? YES () NO ()

Species	Name	Gender	Spayed/ Neutered	Age	Do they get along with dogs?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

23. Have you had any pets in the past 5 years that are no longer with you? YES () NO ()
 If so, what happened to the pet(s)? _____

24. Do you have a veterinarian for your current or past pets? YES () NO ()

Veterinarians Name: _____ Phone: _____

25. Personal References

Please provide names/phone numbers for 2 **unrelated** persons who know you and can tell us about you as a pet owner:

Name: _____ Phone: _____

Relationship: _____ How long have you known each other: _____

Staff notes: _____

Name: _____ Phone: _____

Relationship: _____ How long have they known each other: _____

Staff notes: _____

26. Additional Personal References if you do not have a vet reference:

Name: _____ Phone: _____

Relationship: _____ How long have you known each other: _____

Staff notes: _____

Name: _____ Phone: _____

Relationship: _____ How long have you known each other: _____

Staff notes: _____

Please initial the following agreeing to the terms:

___ This application is the first step of the adoption process.

___ The application is complete and has accurate information filled out.

___ I will allow up to 4 days for my application to be processed and understand HSPJ/DP has the right to refuse any person for any animal.

___ I understand HSPJ/DP may receive multiple applications for the same animal, all applications will be processed and reviewed. Applications are approved based on the best possible match for the individual animal, not on a first-come first-served basis.

___ I will notify all references listed, including the veterinarian, in advance of your call.