



Approval Pending _____ (pending family visit, meet & greet with other animals & staff confirmation)

By (staff initials) _____ Date _____

Comments: _____

Confirmed Approval of Adoption _____ Denied _____

By (staff initials) _____ Date _____

Comments: _____

Dog Adoption Application

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone Numbers: (Home) _____ (Cell) _____

Email: _____

Co-Applicant: _____

Co-Applicant Phone: _____

Best way/time to contact you: _____

Primary Owner's Occupation: _____

Place of Employment: _____

Length of Employment: _____

Emergency Contact (Emergency contact needs to be someone NOT living in home. This person will be listed as an Alternate Contact when the microchip is registered)

Name: _____

Address: _____ City: _____ State: _____

Zip code: _____

Phone: _____ (Cell) _____

Email: _____

How many people(s) are living in your current household? _____

❖ Do you have any children? Yes _____ No _____ If so, what age? _____

❖ Please list and name any household member including spouse, children, roommates or others living in your current household:

❖ Are all household members in agreement in adopting an animal: Yes ___ No ___

❖ Does any household members have pet-related allergies or asthma?

○ Yes ___ (if yes, explain) _____ No ___

❖ Please indicate the type of home you live in: House ___ Mobile Home ___ Apartment ___

Condo ___ Live with Parents ___ Other ___, If other, please explain: _____

❖ Do you own _____ or rent _____?

○ Mobile Homes or trailers can be considered as renting depending on the associated mobile home/trailer park. Please provide the associated information below, if applicable.

If you rent:

❖ How long have you lived at this property? _____

❖ Are there any Breed Restrictions at this property? _____

❖ Do you have plans to relocate in the near future? Yes ___ No ___

• Name of Landlord or Rental agency: _____

• Landlord or rental agency's phone number: _____

• Name of apartment complex or mobile home park, if applicable: _____

Verification required by landlord: Date received: _____ HSL Staff Initials: _____

Dog Information

Which dog are you interested in adopting?: _____

❖ Have you ever adopted an animal from HSL? Yes ___ No ___ If yes, when? _____

❖ Have you ever adopted a pet from another shelter/rescue? Yes ___ No ___ If yes, when? _____

○ If yes to either of the two previous questions, please indicate whether you still have this pet. If you no longer have the pet, please explain why:

❖ Have you ever surrendered or given a pet away to a shelter/rescue organization? Yes ___ No ___

If yes, why? _____

❖ Have you ever surrendered or given away a pet to an outside organization or person(s)? Yes ___ No ___

If yes, why? _____

- ❖ List any pets you have owned or fostered in the last 5 years, including roommates or relatives' pets currently residing in your home?

<u>NAME</u>	<u>BREED</u>	<u>AGE</u>	<u>CURRENT ON VACCINES</u>	<u>SPAY/NEUTERED</u>

Name of Veterinarian (if known/verification required) _____

Animal Hospital/Clinic _____

Address: _____

Phone: _____

Whose name(s) are the pet(s) records under at the vets? _____

Are you prepared to provide for your animal's continued health care, including a proper diet, annual examinations, vaccinations, and other treatments? Yes ___ No ___

- ❖ Why do you want to adopt a dog? Indoor Dog ___ Outdoor Dog ___ Guard dog ___ Companion ___
Companion for another dog ___ Service / Therapy Dog ___ Gift ___
Other (explain) _____

- ❖ During the day, where will this dog be kept? (Mark all that apply) Indoors ___ Outdoors ___
Crate ___ Garage ___ Kennel ___ Other ___, If outdoors or other, describe shelter provided:

- ❖ During the night, where will this dog be kept? (Mark all that apply) Indoors ___ Outdoors ___
Crate ___ Garage ___ Kennel ___ Other ___, If outdoors or other, describe shelter provided:

- ❖ If you move or can no longer care for the pet, what will you do with the dog you adopt?

- ❖ Do you have a yard? Yes ___ No ___
○ If so, is it fenced? Yes ___ No ___ ; If Yes, type and height of fence:

- ❖ When outdoors, how will your dog be confined to your property? In a crate/kennel ___ Roam Free ___
In a fenced yard ___ On a chain ___ In the garage ___ Other ___ , If other, Please explain:

- ❖ How many hours will this animal spend without human companionship each day? _____
- ❖ Are you aware of the time, financial cost, and commitment involved in owning this dog? Yes ___ No ___
- ❖ Have you discussed the energy level of this dog with a staff member? Yes ___ No ___
○ What is your preferred energy level in an adopted dog? Low ___ Medium ___ High ___
○ Please describe the activities or exercise you will provide for the adopted dog
(e.g. obedience training, running, short walks, etc.):

- ❖ Do you plan to take this dog to obedience training or other methods of training classes? Yes ___ No ___
If no, please explain how you will handle any behavioral problems which may occur:

- ❖ How long do you feel an animal should be given for an adjustment period? _____
- ❖ Are you willing to work with a new pet on any issues he/she may have? Yes ___ No ___
- ❖ What behaviors would be unacceptable to you? _____
- ❖ What actions would you take to correct these behaviors (e.g. obedience training, exercise, consult a vet, etc.)? _____

Personal References: Please provide at least two references who:

- a. Know you well
- b. Do NOT live with you
- c. Did NOT accompany you to the shelter
- d. Are not directly related to you

Reference 1:

Full Name : _____

Relationship: _____

Phone Number with area code: _____

Email: _____

Reference 2:

Full Name : _____

Relationship: _____

Phone Number with area code: _____

Email: _____

Additional Questions or Comments: _____

Many animals come from unknown backgrounds. The Humane Society of the Lakes (HSL) is not responsible for the health or behavioral problems and cannot guarantee personality or temperament. Therefore:

- HSL does not guarantee that the adopted animals are housebroken, have no bad habits/behavior, are spayed/neutered (if possible visible spay scar observed) or are purebred.
- HSL will not be responsible for any health problems with which the animal may have or had come into contact with.
- Adopter agrees to absolve the HSL and its employees, directors, and volunteers from any liability for present or future damage, injuries or any loss/cost caused by this animal.
- Adopter assumes all financial responsibility for the animal once the adoption contract is signed by the Adopter.
- Adopter assumes full responsibility for the health, condition, and care (to include vaccinations, spay/neuter, behaviors of any kind and any related health issues) of the animal once the adoption contract is signed by the Adopter.

By initialing below, the Adopter certifies the information given on this application is true and any misrepresentation of the facts may result in losing privileges of adopting a pet. The Adopter hereby authorizes the investigation of all statements on this application.

Adopter's Initials _____ *(to be completed at the time of actual adoption)* *Date* _____

Staff's Initials _____ *(to be completed at the time of actual adoption)* *Date* _____