

[Name of Dog _____]

DOG ADOPTION APPLICATION

Name _____ Date of Birth _____

Age _____ (must be 21) Email address _____

Address (No P. O. Boxes!) _____ City _____ State _____ Zip _____

Daytime # _____ Cell # _____ Evening # _____

Occupation _____ Employer _____

Adopting a pet brings a lot of responsibility, including annual visits to the veterinarian, vaccinations, and possible emergency care. This is more expensive than many people realize. Are you aware of and prepared to assume the financial responsibilities for your newly adopted pet? _____ Yes _____ No

I currently Own / Rent / Lease (circle one)

_____ house _____ condo _____ trailer _____ apartment For how long? _____

If you Rent or Lease, do you have your landlord's permission to keep a dog? _____ Yes _____ No

We must contact your Landlord prior to adoption.

Landlord's/Homeowner's Name _____ **<MUST BE PROVIDED>**

Phone _____

I currently live with friends / family (circle one) For how long? _____

How many people live at your residence? _____

Names & ages of all other people living in your home _____

As an adult, have you owned a pet? _____ If Yes-what? _____ No

What happened to him/her? _____

Do you currently have other animals? _____ Yes (if yes, please list) _____ No

Name	Type/Breed	Age	Sex	Spayed/Neutered? (If NO, Why not?)
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1) _____

2) _____

3) _____

4) _____

VETERINARIAN _____ **<MUST BE PROVIDED> Phone** _____

I give my permission for Humane Society of Calloway County (HSCC) to contact my veterinarian in order to verify that I have acted responsibly concerning the medical care for my animal in both consistency and in financial good standing. Initials _____

Are you aware of the shots required for your pet? _____ Yes _____ No

Are you aware that all animals adopted from HSCC MUST be spayed or neutered with NO exceptions? _____ Yes

What are you prepared to spend on your pet yearly? (vet care, food, grooming, heartworm/flea/tick prevention) _____

Where will your new pet live? Please Check All that Apply.

_____ Indoor _____ Indoor and Outdoor with Supervision _____ Mostly Outdoor _____ Outdoor only

_____ At the barn _____ Tied Up Outside _____ Running Free _____ In a Fenced Yard _____ Kennel

During a typical day, how many hours will your pet remain unsupervised? _____

How do you plan to confine the pet to your property? _____

Where will your pet be kept during the day? _____ At night? _____

Where will the pet be when you are out of town? _____

"Accidents" can happen due to training, behavior, age, physical condition and being in a new environment, are you willing to tolerate a few housetraining accidents and help the pet by trying different solutions? _____ yes _____ no

I acknowledge that all of the information on the entire Application is true and correct.

Signed _____ Date _____

We Reserve The Right, In Our Sole Discretion, To Refuse Any Applicant. It is for the benefit of our animals. The HSCC appreciates your consideration for wanting to provide a loving home for an animal in need.