

## DOG ADOPTION APPLICATION

Name of Dog \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_ 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? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes-what? \_\_\_\_\_

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?)
------	------------	-----	-----	------------------------------------

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 \_\_\_\_\_

Is this the vet that saw your past/current dogs? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, provide contact info for all vets seen.

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, groom, 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.