

DOG ADOPTION APPLICATION

-Staff Only-	
Date:	_____
Time:	_____
App #:	_____
N	V A

Name of Dog: _____

Thank you for your interest in providing a shelter animal with a permanent home!
 In order to help us make the best possible match between you and a new pet, please complete this application.

PLEASE PRINT CLEARLY – YOU MUST BE 18 YEARS OR OLDER

Name		Home Phone
Physical Address	City/State	Zip
Mailing		Cell Phone
Work Phone		
Time At Current Residence:	Yrs. Mos.	Email Address

GENERAL INFORMATION

Are you prepared to assume the financial responsibilities of providing your dog with adequate food, medical, housing, training, toys, etc. (at least \$2,000/year)? Yes No

Have you ever brought an animal to a shelter? _____ If yes, what were the circumstances?

Under what circumstances would you give up the pet, and what would you do with it?

YOU & YOUR HOUSEHOLD – CHECK ALL THAT APPLY

<p>Your Living Place:</p> <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhouse <input type="checkbox"/> Other _____	<p>Do you own your home?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No, I am a renter * <p>*Owner's Name</p> _____ <p>* Phone No. _____</p> <p>-OR -</p> <p>*Property Mgr Name:</p> _____ <p>*Phone No: _____</p>	<p>Home Lifestyle:</p> <input type="checkbox"/> Very Active <input type="checkbox"/> Somewhat Active <input type="checkbox"/> Rather Quiet <p>Outside, I have:</p> <input type="checkbox"/> Fenced Yard _____ feet high _____ material <input type="checkbox"/> Unfenced Yard <input type="checkbox"/> No Yard <input type="checkbox"/> Other <input type="checkbox"/> Perimeter Training <input type="checkbox"/> Kennel <input type="checkbox"/> Runner <input type="checkbox"/> Electric Fence	<p>Dog Experience:</p> <input type="checkbox"/> Never had a dog <input type="checkbox"/> Have had one or two <input type="checkbox"/> Have had many <p>Where will dog be kept during the day?</p> _____ <p>At night? _____</p> <p>Shelter outside:</p> _____
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TURN OVER TO COMPLETE APPLICATION ----->

Typically, the dog would be left alone: <input type="checkbox"/> More than 9 hours <input type="checkbox"/> 8-9 hours <input type="checkbox"/> 5-8 hours <input type="checkbox"/> Rarely	Children & Your Home: <input type="checkbox"/> I have children Ages _____ <input type="checkbox"/> I do not have children <input type="checkbox"/> Children visit my home Ages _____ <input type="checkbox"/> No children visit my home	Reason(s) for Adopting: <input type="checkbox"/> Family Companion <input type="checkbox"/> For My Children <input type="checkbox"/> Hunting <input type="checkbox"/> Guard/Protection <input type="checkbox"/> Company for Other Dog <input type="checkbox"/> Other	Dog Will Live: <input type="checkbox"/> Indoors Only <input type="checkbox"/> Indoors and Garage <input type="checkbox"/> Indoors and Outside when at Work <input type="checkbox"/> Indoors and Outside <input type="checkbox"/> Outside Only
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HOPES & EXPECTATIONS – CHECK ALL THAT APPLY

Activities with my dog: <input type="checkbox"/> Running/jogging <input type="checkbox"/> Daily Walks <input type="checkbox"/> Camping <input type="checkbox"/> Dog Park <input type="checkbox"/> Other _____ Preferred Training Level of Dog: <input type="checkbox"/> I plan to train myself/seek professional training <input type="checkbox"/> Prefer a dog with some training <input type="checkbox"/> Prefer a dog that is fully obedience trained <input type="checkbox"/> Prefer a dog that is already housetrained <input type="checkbox"/> Doesn't matter	Desired Characteristics: <input type="checkbox"/> Very active <input type="checkbox"/> Active <input type="checkbox"/> Confident <input type="checkbox"/> Reserved <input type="checkbox"/> Friendly <input type="checkbox"/> Affectionate <input type="checkbox"/> Playful <input type="checkbox"/> Gentle <input type="checkbox"/> Well-mannered <input type="checkbox"/> Good w/ other dogs <input type="checkbox"/> Good w/ cats <input type="checkbox"/> Other	How did you hear about the Animal Shelter? <input type="checkbox"/> Referral <input type="checkbox"/> Banner <input type="checkbox"/> Radio <input type="checkbox"/> Online <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Other _____ Are you currently Pet Sitting? <input type="checkbox"/> Yes <input type="checkbox"/> No
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WHAT DOGS, CATS & OTHER PETS DO YOU CURRENTLY OWN OR HAVE OWNED WITHIN THE PAST 5 YEARS?

Type/Breed	Where was pet kept?	Age	Name	Spayed/Neutered?	Still Have? *

* If this animal(s) is no longer with you, please explain: _____

Current Vet Info: (We do verify current Rabies Vaccination on dogs/cats currently in the home)

Vet Clinic: _____ **Phone #:** _____

*Reference (does not live with you/not relative): _____ Ph#: _____

Would you like to receive Science Diet Newsletters through your email? Yes No (please check)

I declare that all of the information I have given above is true and complete. Providing false information or withholding information will void the application. I hereby release to Summit County Animal Control (SCAC) all veterinary records of any and all animals I own or have owned. I understand that SCAC can decline my adoption application. I further understand that if my application is approved, SCAC reserves the right to conduct a home-check prior to the adoption of any animal to verify the suitability of my home environment as it relates to the needs of the animal, i.e., secure fencing, appropriate shelter, adequate space, safety, etc. I understand that adopting an animal from a shelter provides no medical/behavior assurances and I understand that a refund of the adoption fee is not provided.

Signature _____ Print Name _____ Date _____

