



DL# \_\_\_\_\_  
 Verification Pet Store \_\_\_\_\_  
 Approval \_\_\_\_\_  
 Denial \_\_\_\_\_

# Dog Adoption Application

**PLEASE NOTE:** It is our policy to adopt only to homes where the current pets are spayed/neutered and up to date on vaccinations and/or have received routine veterinary care. Applications that do not meet this policy may be rejected.

**Our Adoption Procedure: (You must be 21 or older to adopt)** Completely fill out, sign, and submit this Application. Your application will be reviewed, and a vet-check done. Upon final adoption approval, an adoption contract will need to be completed; the adoption fee paid, and then you can take home your new family member after they have been spayed/neutered.

<b>APPLICANT'S NAME:</b> (First, Middle, Last) <b>Age:</b> <b>Date of Birth:</b>	<b>HOME PHONE:</b>
	<b>WORK PHONE:</b>
<b>ADDRESS:</b>	<b>CELL PHONE:</b>
<b>CITY &amp; STATE:</b>	<b>ZIP CODE:</b>
<b>COUNTY:</b>	<b>E-MAIL:</b>

**(By entering an e-mail address, you will be eligible for 30 days of free pet insurance.)**

*Name(s) of animal(s) desired (If known):*

Do you live in a **House, Condo, Apartment, Townhouse, Mobile Home, Other:**

Do you currently **Own or Rent?**

Name of Property Management or Landlord:

Property Management/Landlord Phone Number:

How long have you lived at this address?

Are you planning to move within the next 6 months?

What will happen to your pets if you move?

Do you have any children under the age of 10 years visiting the household?

**Please list all of the people living in the house:**

[illegible]

Please list ALL of your *past* and *current* animals within the last 5 years:

Dog, Cat, Other	Name	Breed	Age	Sex	Spayed/ Neutered	Indoor/ Outdoor	Length Owned	Where is the pet now?

**Name of current Veterinarian:**

Phone Number:

**Name of previous Veterinarian** (*if different in the last 5yrs*):

Phone Number:

**Have you ever adopted an animal from Harbor Humane Society before?**

If yes, Please tell us the name of the animal(s) adopted and when you adopted:

**Have you ever surrendered any animal to HHS or any other animal welfare organization?** If yes, please explain in detail the circumstances:

**Have you ever lost an animal?** If yes, please explain in detail the circumstance:

**Have you ever given away an animal to a friend, relative or other?** If yes, please explain in detail the circumstances:

**Who will be primarily responsible for the care of your companion animal?** (Vet care, exercise, feeding, training, etc.)

**Estimate the yearly cost for a dog in your household.** Please include cost of food, medications, vet care, dog license, grooming, etc.

**Do any members of your family have allergies?** If yes, please explain.

**Where will your companion animal stay during the day when you ARE home?** (Inside, free roam, outdoors in fenced yard, outdoors in dog kennel/pen, inside in a designated room or area, etc.)

**Where will your companion animal stay during the day when you are NOT home?** (Inside free roam, crated indoors, indoors in designated room or area, garage, outdoors in fenced yard, outdoors in a dog kennel/pen, etc.)

**Where will your companion animal sleep at night?**

**Do you have a fenced yard?** If yes, please describe (ex: 6 ft. wood privacy, 5ft chain link, 3ft picket fence, invisible fence, other)

**If you don't have a fenced yard, what measures are you prepared to take to allow the dog to be outside safely and securely?**

**In the event that you are unable to care for your animal (Hospitalization, disability, assisted living, etc.), who will be responsible for the care of the animal?**

**Name:**

**Address:**

**Phone Number:**

*\*HHS reserves the right to contact the above person and verify this information.\**

**Do you understand that changing an animal's environment may cause it to have accidents and that many of the dogs may not be housebroken?**

**How much time do you feel is appropriate to reverse negative behaviors?**

**Are you familiar with crate training?**

**Are you willing to use a crate for training and safety reasons with your new pet?**

**Will you be taking your companion animal off leash in unsecured areas?** *If yes, please describe the circumstances in which you would be doing this (dog park, training, swimming, etc.)*

**Under what circumstances would you give a companion animal away?**

**What behavior issues would be reason or cause to return this animal to HHS?**

**Please initial that you understand and accept that a representative from HHS has the right to do a home visit prior to adoption and as a follow up after adoption.**

\_\_\_\_\_

*I certify I have read the above information carefully. I certify that the information in this application is true, and understand that false information may result in denying or nullifying this adoption. I understand that if an omission or untruth is discovered after an adoption takes place, Harbor Humane Society reserves all rights to annul the adoption and reclaim the animal.*

*I give Harbor Humane Society permission to fully investigate the information provided, as well as contact veterinarians, and related officials.*

*I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal.*

*I understand it is Harbor Humane Society's prerogative to decide which home is most appropriate and that their decision is final; therefore, I will not argue with the decision. Unless otherwise indicated by Harbor Humane Society, I am free to apply and undergo the application process in the future.*

**Applicant Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

[illegible]