

Name (first and last): _____ Date: _____

Primary phone: () - Secondary phone: () -

Email: _____

Address: _____ City: _____ State: ____ Zip: _____

Why type of home do you live in?: Neighborhood Townhome Home with land Mobile home

Apartment Condo Duplex Other: _____

Do you own or rent?: Own Rent How long have you lived in this home?: _____

If renting, please provide the name of the property management or landlord: _____

Phone number: () -

Do you live alone or with others?: Alone Spouse/partner Roommate(s) Parents Other: _____

I have adopted an animal from Harbor Humane Society in the past: No Yes: _____

I have owned dogs in the past: No Yes

The last time I owned a dog was: Currently own a dog Within the past year Over a year ago

My dog needs to get along with cats and other small animals: No Yes

My dog needs to get along with: Children under 8 years old Elderly people Special needs individuals

My dog must be able to live with another dog: No Yes

My dog will primarily be an: Indoor dog Outdoor dog

When I am NOT home, my dog will stay primarily: In a crate Free in the home Confined to a room

In the garage In an outdoor enclosure Outside on a leash

My dog needs to be alone (per day) for: Less than 4 hours 6-8 hours Over 10 hours

I want a guard dog: No Yes

I want my dog to be able to: Attend doggie daycare Go to the dog park Go for walks through town

Travel with me Go to pet stores Other: _____

I want my dog to be: Active Playful Couch potato Laid-back Independent Very affectionate

Easy to handle Other: _____

I would be willing to change my routine for my dog (ie. Walk my dog at night): No Yes

How much training are you willing to provide?: _____

I am willing to have a trainer come to my home to work with my dog: No Yes

I am willing to take time to housetrain my dog: No Yes

I am interested in adopting a special needs dog (medical or behavioral): No Yes

If so, I am most comfortable working with: _____

I am willing to take on a dog that requires regular grooming: No Yes

The most important relationship my dog will have is with: Me Me and my friends Me and my family
 My children Other animals

It is most important to me that my dog: _____

My plan to exercise my dog is: _____

My plan to help my dog adjust to its new environment is: _____

If behavioral challenges arise, what steps would you take to remedy them?: _____

Please list all animals currently living in the home:

Species	Name	Breed (size)	Age	Sex	Spayed/ Neutered	Indoor/ Outdoor	Time owned

Name of your current veterinarian/ clinic: _____

Phone number: () -

Under whose name are the records kept?: _____

I authorize my veterinarian to release medical records to Harbor Humane Society. _____ (initial)

- Topics I would like to discuss with adoption counselors: Feeding habits and nutrition Grooming and care
 Switching/ finding a veterinarian Microchips and identification Vaccines and preventative care
 Training tips Finding a trainer Crate training/ housetraining Puppy raising
 Appropriate exercise, toys, activities

Other topics I would like to discuss: _____

Authorizations, Releases and Understanding

- 1.) I certify that all statements on this adoption application are made truthfully and without evasion, and further understanding that such statements may be investigated and if found to be false will be sufficient reason for not being allowed to adopt from Harbor Humane Society (HHS).
- 2.) I authorize HHS to contact my veterinarian(s) and anyone else HHS deems necessary to confirm how I have cared for my companion animals.
- 3.) I authorize my veterinarian(s) to release to HHS all veterinary records of the animals I own or have owned in the past.
- 4.) I understand that the handling of animals at HHS may place me in a hazardous situation and could result in injury to me, my personal property, or my animals. On behalf of myself, my heirs' personal representatives and assigns, I hereby release discharge, indemnify and hold harmless HHS and its directors, employees and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my meeting of an animal at HHS.

Applicant's name (printed)

Applicant's name (signed)

Date

