





DOG ADOPTION SURVEY

Name							Date		
Address City				City	ty			State/Zip	
Primary Phone	<u> </u>	Cocondor	. Dhana		Fmail				
Primary Prione		Secondar	y Phone	Email					
			Gener	al Informat	on				
Are you 18 years of age or older?	YES			armonnat	011				
Do you OWN RENT yo		_	_	ntactinform	ation				
List all animals CURRENTLY living	at your h	ome:							
Name E	Breed	Age	Sex (M/F)	Spay/Neute	r?	Indoor/ Outdoor		/ long ned?	Last Vet Visit?
Which veterinary hospital or clinic	c do you us	se?							
Under whose name(s) are the reco	ords kept?								
Routine Living									
The household for my new pet wo	ould be de	scribed as	s: (circle one): sl	ow/quiet r	niddle o	fthe road b	ousy/acti	ve	
People my new dog will have free	quent/reg	ular conta	act with (e.g. eld	erly, young	children	, daily, week	ends, etc	:.):	
My new dog will:			Yes	No	Additional	Comme	nts		
Have other pets come to our home for visits, etc.									
Have play dates with pets of other friends/family members									
Interact with children who visit but who do not live with me									
Go to busy events (sporting, festivals, etc.)									
Go to busy events (sporting, festi	vals, etc.)								
Go to busy events (sporting, festi Go to the home of friends/relativ			t of town						

It is most important to me that my dog...

My neighborhood would be described as: (e.g. rural, suburban, fenced in yards, constant foot traffic, bicycle, etc.)

The number of dogs my new dog may see in my neighborhood on a typical day:

Feedback provided below will help us find a perfect dog for you and your lifestyle				
My new dog will be alone how many hours per day?				
Activities I will typically do with the dog:				
The main reason I am looking to adopt a dog is				
Traits I want in a dog are:				
The amount of time I expect for my new dog to adjust to my home is				
When I am NOT home, my dog will stay primarily:				
I would be willing to change my routine for my dog (i.e.: walk my dog at night, etc.)				

List any topics you would like to discuss with your Adoption Counselor:

Certifications, Authorizations, Releases and Understandings

- 1. I certify that all statements on this Adoption Survey are made truthfully and without evasion, and further understand and agree 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, Humane Society of West Michigan, or Kent County Animal Shelter.
- 2. I authorize this facility to contact my veterinarian(s) and anyone else deemed necessary to confirm how I have cared for my companion animals and/or how I am likely to care for any companion animal(s). I authorize my veterinarian(s) to release medical records of the animals I own or have owned.
- 3. I understand that the organizations have the right to deny any survey as deemed necessary.
- 4. I understand that the handling of animals that I may meet may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify, and hold Harbor Humane Society, Humane Society of West Michigan, and Kent County Animal Shelter 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 an animal for the purpose of adoption.
- 5. I understand that I am applying to adopt a shelter dog. There are no guarantees of behavior or health. I am willing to assume all costs for care medical care once adopted.
- 6. I understand that this application will be shared with Harbor Humane Society, Humane Society of West Michigan and Kent County Animal Shelter. I understand this information will not be confidential.
- 7. Additional requirements and fees may vary per location.

A

oplicant Signature:	Date:	
OFFICE USE ONLY		
Agency Name:	Adoption Counselor Name:	
A P D Reason if P or D:		
Notes:		



DOG ADOPTION SURVEY- Addendum

Name		Date		
Address				State/Zip
Primary Phone	Secondary Phone		Email	
**You do not need to fill out the portion a	bove if you have filled out th	he main Do	g Adoption Survey at Har	bor Humane Society
I have owned dogs in the past? Yf I am willing to take on a dog that requires I am willing to take time to housetrain my I am interested in adopting a special need If so, I am most comfortable wo	dog? YES NC)? Ye	NO	
If behavioral challenges arise, what steps	would you take the remedy t	them?:		