DOG ADOPTION SURVEY

Name		Date
Address	City	State/Zip
Primary Phone	Secondary Phone	Email

General Information

Are you 18 years of age or older? YES ☐ NO ☐

Do you ☐ OWN ☐ RENT your home? If you RENT, landlord contact information: _____

List all animals CURRENTLY living at your home:

Name	Breed	Age	Sex (M/F)	Spay/Neuter?	Indoor/ Outdoor	How long owned?	Last Vet Visit?

Which veterinary hospital or clinic do you use? _____

Under whose name(s) are the records kept? _____

Routine Living

The household for my new pet would be described as: (circle one): slow/quiet middle of the road busy/active

People my new dog will have frequent/regular contact with (e.g. elderly, young children, daily, weekends, etc.):

My new dog will:	**Yes**	**No**	**Additional Comments**
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 the home of friends/relatives while we are out of town			
Primarily be an inside dog			

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 harmless 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.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Agency Name: _____ Adoption Counselor Name: _____

A P D Reason if P or D: _____

Notes: _____

HARBOR HUMANE

DOG ADOPTION SURVEY – Addendum

Name		Date
Address	City	State/Zip
Primary Phone	Secondary Phone	Email

**You do not need to fill out the above portion if you have fille out the main Dog Adoption Survey at Harbor Humane Society.

I have owned dogs in the past: YES ☐ NO ☐

I am willing to take on a dog that requires regular grooming: YES ☐ NO ☐

I am willing to take time to housetrain my dog: YES ☐ NO ☐

I am interested in adopting a special needs dog (medical or behavioral): YES ☐ NO ☐

If so, I am most comfortable working with: _____

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

_____

_____

_____

I understand that the handling of animals I may meet during adoption meetings 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 harmless Harbor Humane Society 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.
Please print the names of each individual participating in the adoption meeting and have each individual sign. If the individual is under 18, please have a parent or legal guardian sign.

_____

Printed Name Signature Date

_____

Printed Name Signature Date

_____

Printed Name Signature Date

_____

Printed Name Signature Date