



HUMANE SOCIETY OF NORTHWEST INDIANA DOG ADOPTION APPLICATION

Amount \$	_____
Rabies \$	_____
Memship \$	_____
TOTAL \$	_____

PLEASE READ CAREFULLY

Although the screening process may seem excessively time consuming, it is important to keep in mind that screening benefits potential adopters as much as it benefits the animals. Adoption screening increases the likelihood that you will adopt the animal that is right for you! Like humans, animals have unique personalities, backgrounds, temperaments and needs. Not *every animal* is appropriate for *every home*. Adoption applications and consultations are important tools in the decision making process. This form is designed to help you find the dog most compatible with your lifestyle. The

- HSNI reserves the right to refuse adoption to anyone if the adoption requirements are not met or if the HSNI feels that best interests of the animal are not going to be met.
- Each question on this application must be completed in as much detail as possible.
- Please take time to accurately complete this application.

PLEASE PRINT CLEARLY

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE# _____

WORK# _____

CELL# _____

E-MAIL ADDRESS _____

	DOG	PUPPY
SEX:	MALE	FEMALE
AGE	_____	
COLOR	_____	
BREED	_____	
PETS NAME	_____	

<u>STAFF USE ONLY</u>	
Vet	LL
A.C.	PH
Sps	DNA
MEMO	

DOG ADOPTION APPLICATION

Please allow 2-3 working days to review and process your application.

Are you 21 years of age or older? Yes No

Can you provide us with one of the following?

A current driver's license with current address? Yes No

-OR-

One form of identification showing your current address, and a listed telephone number at that address? Yes No

Will you have the **time** and **money** necessary to provide for training, medical treatment, grooming and proper care of this companion animal? Yes No

<u>STAFF USE ONLY</u>
APPROVED
NOT APPROVED
Reason:

Applicants employer _____ Location _____

Work hours _____ Length of employment _____ Work # _____

I am not employed at this time _____ Yes, I have other income/Explain _____

Marital Status: Single Engaged Partnered Married

Spouse's name _____

Spouse's employer: _____

Work Hours _____ Length of employment _____

Not employed at this time

Time lived at current address _____ Time expected to remain _____

Number of adults in residence _____ Number of Children _____ Ages of Children _____

Excluding children, spouse and applicant, list any other residents living in the household:

Name: _____

Relationship: _____

Type of residence: Own Home Rent Apartment Duplex Rent Home/Condo Mobile Home

With Parents Live with someone else

Other/Explain _____

If Rental: Name the property owner and telephone # _____

Are All Family Members Present? If not, who is missing? _____

The animal is for: Myself Partner Both Children All Gift

Who will be responsible for the animal? Myself Partner Both Children All

Will this pet be living at the current address? YES NO

If not, please Explain: _____

Will this be your first dog/puppy? YES NO

What has been your experience with dogs Had one growing up Have had just one
Have had two or three Have had more then three

I am looking for/Check all that apply: Indoor dog Outdoor dog Guard dog Companion
Gift As a watchdog To Breed For a Child

Would you be willing to spay/neuter (fix) your pet? YES NO

If YES why? _____

If NO why? _____

Have you adopted from a shelter before? YES NO What shelter? _____

How much do you anticipate on spending yearly to feed, vaccinate, license and provide medical care for your new pet?

\$100.00 \$200.00 \$350.00 \$500.00 Other: _____

Where do you plan to keep this pet?

Inside only Inside mostly & outside for potty Outside mostly

Please answer the questions to the best of your ability.

Under what circumstances would you consider relinquishing the dog (e.g. new baby, new home with expensive furnishings, divorce, move out of state, not getting along with other animals in the house, etc.)?

Please list any reasons.

- 1. _____
- 2. _____

What would you do if the dog started chewing on furniture or other household items? How would you train him not to?

- 1. _____
- 2. _____

What would you do if the dog bit you or a member of your family? If you decide to train him not to bite, How would you train him?

- 1. _____
- 2. _____

You are having problems house breaking your dog or new puppy. How would you train him not to?

- 1. _____
- 2. _____

Why do you think your home is a good home for a dog/puppy?

- 1. _____
- 2. _____

CURRENT PET HISTORY - *Animals you now own*

Dog/Cat	Breed	Name	Sex	Age	Spayed/Neutered	Years Owned	Housed
			M		Yes		Inside
			F		No		Outside
							Both
			M		Yes		Inside
			F		No		Outside
							Both
			M		Yes		Inside
			F		No		Outside
							Both
			M		Yes		Inside
			F		No		Outside
							Both

PAST PET HISTORY - *Animals owned in the past*

PET # 1 Dog Cat Other: _____ Name: _____ Years Owned _____
 Breed: _____ Age: _____
 Spayed/Neutered? YES NO Male Female
 Housed: Indoors Outdoors Both Dog House

Explain in detail what happened to the pet.

Was this pet euthanized? (put to sleep) YES NO

PET # 2 Dog Cat Other: _____ Name: _____ Years Owned _____
 Breed: _____ Age: _____
 Spayed/Neutered? YES NO Male Female
 Housed: Indoors Outdoors Both Dog House

Explain in detail what happened to the pet.

Was this pet euthanized? YES NO

PET # 3 Dog Cat Other: _____ Name: _____ Years Owned _____
 Breed: _____ Age: _____
 Spayed/Neutered? YES NO Male Female
 Housed: Indoors Outdoors Both Dog House

Explain in detail what happened to the pet.

Was this pet euthanized? Yes No

Were there any other animals besides those listed above? YES NO

Did your pets, previous and current, receive annual veterinary care?

YES

NO

If yes, please mark which ones.

Cats: Yearly booster	YES	NO
Rabies	YES	NO
Feline Leukemia	YES	NO
Test for parasites	YES	NO
Dogs: Yearly booster	YES	NO
Rabies	YES	NO
Test for parasites	YES	NO
Heartworm test	YES	NO

Is monthly heartworm preventative given? YES No If yes, what brand? _____

Name of Veterinary Clinic: _____

Phone # of Clinic: _____

Name of Veterinarian: _____

Whose name is listed on the account? _____

◆ **Do we have permission to contact your veterinarian about your pet's medical history?** YES NO

Are you aware of the annual routine vaccinations recommended for the health and protection of dogs? YES NO

Are you prepared financially for emergency medical and or major medical care for the pet? YES NO

Have you ever surrendered an animal to a shelter before: If so, explain _____

What helped you decide to adopt a companion pet from us?

Internet	Drive by
Bill Board	Recommended
Newspaper	
Other _____	

Would you be willing to support us by becoming a member of the Humane Society and receive our quarterly newsletter?

Membership is \$10.00 a year. YES NO

Would you be willing to Volunteer your time/talents to support us? YES NO

CERTIFICATION

I certify that the information is true and accurate to the best of my knowledge. _____
initial

I understand that the Humane Society of Northwest Indiana reserves the right to deny an application for **any reason**. I further understand that any **FALSE** or **INCOMPLETE** answers on this application may constitute grounds for rejection of this application.

Applicants Signature _____