



HUMANE SOCIETY OF NORTHWEST INDIANA DOG ADOPTION APPLICATION

Amount \$ _____
 Rabies \$ _____
 Yard Ck \$ _____
 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 Humane Society is responsible for helping potential adopters assess the compatibility of a companion animal. The donation fee required for dogs ranges from **\$100.00 and up**, depending on age, breed and veterinary procedures.

*** I understand that a yard check and home visit may be required before completion of adoption.***

- 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 _____
 DRIVER'S LICENSE # or D.O.B. _____

DOG PUPPY

SEX: MALE FEMALE AGE _____

COLOR _____ BREED _____

PETS NAME _____

STAFF USE ONLY

VET LL

A.C. PH

SPS DNA

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

STAFF USE ONLY

APPROVED

NOT APPROVED

Reason:

Will you have the **time** and **money** necessary to provide for training, medical treatment,

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: _____ Location _____

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 _____

I have children who visit or live next door. Ages _____

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

If you have children, what has been their exposure to dogs? None Some A lot
 Small dog? Large dog ?

What is the level of activity of your household? Quiet Active Very active

Please check all that apply where the pet will be kept at one time or another:

- House Shed Crate Doghouse Backyard
- Porch Barn Basement Other
- At work Outside buildings

When the animal is inside it will be left: (check all that apply)

- Crated Room Basement Tied Other _____

When the animal is outside it will be left: (check all that apply)

- Fenced yard Invisible fence Tied In a run
- Loose Supervised loose

Where will the dog be kept at nighttime? _____

Crate use: Will not crate Reluctant to crate Crate if necessary Will crate
 Think it is cruel to crate Think it is a necessary training tool to crate

If you are planning to crate, how many hours will the dog be left alone in the crate? _____

When the gate is closed...is your yard securely & completely fenced in? YES NO

Type of fence: Chain Link Split Rail Stockade Hedge Height? _____

How will the dog be exercised if no fenced in yard?: _____

Please tell us why you would like to adopt an animal from us. Check all that apply.

- Companion For a child To breed Guard dog Gift Personal Protection
- Companion for other pet Hunting Watch dog Other _____

Please provide a description of how you would correct your new puppy/dog if it showed destructive or inappropriate behavior such as digging, jumping, chewing etc.

What activity level are you looking for in a dog? Calm, will sit in your lap
 Semi-active, will require medium level of stimulation

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
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both

PAST PET HISTORY - *Animals owned in the past*

PET # 1	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	<input type="checkbox"/> F	Name: _____	<input type="checkbox"/> No	Year Owned _____	<input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both
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Breed: _____ Age: _____
 Spayed/Neutered?
 YES
 NO
 Male
 Female
 Housed:
 Indoors
 Outdoors
 Both /Explain: _____

Explain in detail what happened to the pet.

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

PET # 2	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	Name: _____	Year Owned _____
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Breed: _____ Age: _____
 Spayed/Neutered?
 YES
 NO
 Male
 Female

Housed:
 Indoors
 Outdoors
 Both/Explain _____

Explain in detail what happened to the pet.

Was this pet euthanized?
 YES
 NO

PET # 3	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	Name: _____	Year Owned _____
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Breed: _____ Age: _____
 Spayed/Neutered?
 YES
 NO
 Male
 Female

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

YES NO

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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 *Please be aware that emergency and major medical care needed for dogs can be very expensive.*

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
- Pet Smart Recommended
- Newspaper Phone book
- Southlake Mall _____
- 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