

DOG ADOPTION APPLICATION



- East Shore Office
- West Shore Office

Pit Bull or Rottweiler Other

In order to be considered an Adopter, you must meet the following requirements:

- Be at least 18 years of age
- Have a current Driver's License or State Identification showing your current address
- Have the knowledge and consent of your landlord if applicable
- Be able to provide the proper care and training needed for this specific dog

Please understand that it is our job to find appropriate homes for the animals in our care. In order to help you find the right pet, we ask you to complete this application, filling in all the information requested. False or incomplete information may result in your application being denied. Thank you.

PERSONAL INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Alternate Telephone: _____

How long have you lived at this address? _____ (if less than 5 years, list your previous address below)

ID No.: _____ State: _____ Type (circle one): Military State Driver's License

Address on ID: _____

Date of Birth (day/month/year): _____ E-mail Address: _____

Place of Employment: _____ How long: _____

Supervisor's Name: _____ Contact Telephone: _____

If unemployed or a student, please list source(s) of income: _____

Have you or a member of your family ever been charged with and/or convicted of Animal Cruelty? Yes No

Please list any other persons residing in your home, their ages, and their relation to you:

Name	Relation	Age

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Name(s) from Page 1: _____

Please circle type of housing you reside in: House Apartment Condo Mobile Home Duplex Other

Do you currently (circle one): Rent Own Live with Relatives

If you rent or live with relatives, do they approve and/or does your lease allow for this type of dog? Yes No

Landlord's Name: _____ Telephone: _____

Does everyone in your household agree on this particular dog? Yes No

Does anyone in your household have dog allergies? Yes No Are they on medication for it? Yes No

ABOUT YOUR PETS

Is this your first experience owning a dog? Yes No Have you owned this breed before? Yes No

If yes, where is this dog now? _____

Please list the animals you currently own:

Name	Breed/Species	Spayed/Neutered (yes or no)	Age

How many dogs and cats have you owned in the past 5 years? ____ dogs ____ cats ____ other

If you no longer own these pets, please explain why: _____

Please list the name of your current Vet or the Vet Clinic you use for your current and/or previous pets below:

Vet or Clinic's Name: _____ Telephone: _____

Is your name listed as the Primary Owner of the listed pet(s) with the Vet or Clinic's office? Yes No

If you answered no, who's name is listed as the Primary Owner? _____

Are your current pets up to date on their vaccinations? Yes No

Have you ever adopted an animal from a shelter before? Yes No Name of shelter: _____

If you answered yes, do you still own the animal? Yes No

If you answered no, where is the animal now? _____

Have you ever taken an animal to a shelter before? Yes No Why? _____

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Name(s) from Page 1: _____

ABOUT THIS DOG

Please check your reason(s) for adopting this particular dog:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Guard Dog | <input type="checkbox"/> Breeding | <input type="checkbox"/> Companion for yourself |
| <input type="checkbox"/> Child's Pet | <input type="checkbox"/> Hunting | <input type="checkbox"/> Companion for another pet |
| <input type="checkbox"/> Gift for _____ | <input type="checkbox"/> Other _____ | |

Who will be responsible for the daily care of this dog? _____

If you had to go on vacation, what would you do with this dog? _____

If you had to move, what would you do with this dog? _____

If you had to get rid of this particular dog, what would you do? _____

Please check one of the options below to explain where this dog will be primarily kept:

- | | | | |
|--------------------------------------|---|---|---------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Fenced yard | <input type="checkbox"/> Outdoor Kennel | <input type="checkbox"/> Barn |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Tied to doghouse | <input type="checkbox"/> Patio or Porch | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Other _____ | | | |

If this dog will be kept outside most or all of the time, what type of shelter will this dog have available to use?

Where will this dog be kept when left alone? _____

How many hours will this dog be left alone? _____ Where will this dog sleep? _____

Will there be an adult home during the day? Yes No Who? _____

Are you familiar with crate training? Yes No Are you willing to crate train this dog if necessary? Yes No

Do you plan to take this dog to obedience classes? Yes No Only if needed

Do you have the time and are you will to properly train this dog if any problems arise? Yes No

Do you have the time to provide adequate exercise for this dog? Yes No Do you have a yard? Yes No

If you have a yard, is it: completely fenced (how high? _____) partially fenced (how high? _____)

Are you financially able to afford proper care for this dog, such as vaccinations, grooming, food, etc.? Yes No

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Name(s) from Page 1:

Why have you chosen this particular dog for adoption? Please be as specific as possible.

How much do you anticipate spending on this particular dog during the course of one calendar year? _____

If this dog were to run away, what methods would you use to attempt to find him/her? Please be specific.

Please list two (2) references not including family members:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

I understand that the Humane Society of Harrisburg Area, Inc. is not able to give any guarantees on the health, training, or temperament of this animal and that the adoption fee(s) is not refundable under any circumstances. _____ (initial)

I understand and accept that authorized Humane Society of Harrisburg Area, Inc. agents sometimes will do follow-up visits to an adopter's home to check on the care the animal is receiving and can remove the animal if unsatisfied with the viewed conditions. _____ (initial)

Unanswered questions, incomplete answers, and/or false information may result in this animal's Adoption Application being denied. The Humane Society of Harrisburg Area, Inc. reserves the right to refuse adoptions. _____ (initial)

I/We give permission for the Humane Society of Harrisburg Area, Inc. and/or their agents to verify this information through any available means. _____ (initial)

Would you object to an authorized agent of the Humane Society of Harrisburg Area, Inc. inspecting the animal(s) and premises where the animal will be kept? Yes No

I/We certify that the aforementioned information is true and correct to the best of my/our knowledge. _____ (initial)

_____ Print Name

_____ Print Name

_____ Signature and Date

_____ Signature and Date

_____ Witness – Print Name

_____ Witness – Signature