

DOG ADOPTION APPLICATION

Thank you for your interest in providing our shelter animals another chance at a permanent, loving home! In order to help us make the best possible fit between you and a new pet, please complete the information below.

PLEASE PRINT CLEARLY – YOU MUST BE 18 YEARS OR OLDER

Name		Home Phone	
Physical Address	City/State	Zip	Cell Phone
Mailing			Work Phone
Drivers License / ID Number	Expiration	Time At Current Residence:	Yrs. Mos.
GENERAL INFORMATION			Email Address

Do all the adults in your household know that you plan to adopt a dog? Yes No
Are there any household objections? Yes No

Does anyone in your household have any allergies to animals? Yes No
If Yes, can/will the allergies be controlled by medication? Yes No

Who will be the dog's primary caretaker (i.e. feed, train, exercise, groom, etc.)? _____
 Are you aware of annual expenses associated with having a dog? Yes No

Are you prepared to assume the financial responsibilities of providing your dog with adequate food, medical care, housing, training, toys, etc. (at least \$1,000/year)? Yes No

Are you prepared to commit a life-long relationship with this dog? Yes No

Please describe your feelings about spaying or neutering domestic animals: _____

Have you ever brought an animal to a shelter? _____ If yes, what were the circumstances? _____

Under what circumstances would you give up the pet, and what would you do with it? _____

Have you ever been convicted of or received citations for violation of Federal, State, or Municipal animal codes?
 Yes No *If Yes, please explain:* _____

YOU & YOUR HOUSEHOLD – CHECK ALL THAT APPLY

Your Living Place: <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other Veterinary Care: Vet: _____ Ph#: _____	Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No, I am a renter <i>Do you have landlord approval to adopt a (another) dog? Yes No</i> Landlord's Name _____ Phone No. _____ Complex Name _____ <i>Size/breed restrictions? Yes No</i> <i>Please list:</i> _____ <input type="checkbox"/> Live with Parents <input type="checkbox"/> Other _____	Home Lifestyle: <input type="checkbox"/> Very Active <input type="checkbox"/> Somewhat Active <input type="checkbox"/> Rather Quiet Outside, I have: <input type="checkbox"/> Fenced Yard _____ feet high _____ material <input type="checkbox"/> Unfenced Yard <input type="checkbox"/> No Yard <input type="checkbox"/> Other <input type="checkbox"/> Perimeter Training <input type="checkbox"/> Kennel <input type="checkbox"/> Runner <input type="checkbox"/> Electric Fence	Dog Experience: <input type="checkbox"/> Never had a dog <input type="checkbox"/> Have had one or two <input type="checkbox"/> Have had many Number of hours left alone _____ Where will dog be kept during the day? _____ At night? _____ Shelter outside: _____
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TURN OVER TO COMPLETE APPLICATION ----->

Typically, the dog would be left alone: <input type="checkbox"/> More than 9 hours <input type="checkbox"/> 8-9 hours <input type="checkbox"/> 5-8 hours <input type="checkbox"/> Rarely	Children & Your Home: <input type="checkbox"/> I have children Ages _____ <input type="checkbox"/> I do not have children <input type="checkbox"/> Children visit my home Ages _____ <input type="checkbox"/> No children visit my home	Reason(s) for Adopting: <input type="checkbox"/> Family Companion <input type="checkbox"/> For My Children <input type="checkbox"/> Gift <input type="checkbox"/> Hunting <input type="checkbox"/> Guard/Protection <input type="checkbox"/> Company for Other Dog <input type="checkbox"/> Fighting <input type="checkbox"/> Other	Dog Will Live: <input type="checkbox"/> Indoors Only <input type="checkbox"/> Indoors and Garage <input type="checkbox"/> Indoors and Outside when at Work <input type="checkbox"/> Indoors and Outside <input type="checkbox"/> Outside Only
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HOPES & EXPECTATIONS – CHECK ALL THAT APPLY

Breed: <input type="checkbox"/> Purebred <input type="checkbox"/> Mixed Breed <input type="checkbox"/> No Preference Size of Dog: <input type="checkbox"/> Small, 5 to 20 lbs <input type="checkbox"/> Medium, 20 to 50 lbs <input type="checkbox"/> Large, 50 to 100 lbs <input type="checkbox"/> X-large, 100+ lbs Coat: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> No Preference Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference	Age: <input type="checkbox"/> 2 to 4 months (Like a baby/toddler) <input type="checkbox"/> 4 to 12 months (Like a young child/teenager) <input type="checkbox"/> 1 to 3 years (Like an energetic young adult) <input type="checkbox"/> 3 to 5 years (Like a sensible adult) <input type="checkbox"/> 5+ years (Like a mature/senior adult) <input type="checkbox"/> No Preference Preferred Training Level of Dog: <input type="checkbox"/> I plan to train myself/seek professional training <input type="checkbox"/> Prefer a dog with some training <input type="checkbox"/> Prefer a dog that is fully obedience trained <input type="checkbox"/> Prefer a dog that is already housetrained <input type="checkbox"/> Doesn't matter Activities with my dog: <input type="checkbox"/> Running/jogging <input type="checkbox"/> Daily Walks <input type="checkbox"/> Camping <input type="checkbox"/> Dog Park <input type="checkbox"/> Other _____	Desired Characteristics: <input type="checkbox"/> Very active <input type="checkbox"/> Active <input type="checkbox"/> Calm <input type="checkbox"/> Outgoing <input type="checkbox"/> Confident <input type="checkbox"/> Reserved <input type="checkbox"/> Sensitive <input type="checkbox"/> Friendly <input type="checkbox"/> Playful <input type="checkbox"/> Submissive <input type="checkbox"/> Dominant <input type="checkbox"/> Gentle <input type="checkbox"/> Well-mannered <input type="checkbox"/> Affectionate <input type="checkbox"/> Independent <input type="checkbox"/> Dependent <input type="checkbox"/> Other _____ <input type="checkbox"/> Good w/ other dogs <input type="checkbox"/> Good w/ cats
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Describe any additional expectations:

WHAT DOGS, CATS & OTHER PETS CURRENTLY RESIDE OR HAVE RESIDED IN YOUR HOUSEHOLD WITHIN THE PAST 5 YEARS?

Type/Breed	Where was pet kept?	Age	Name	Spayed/Neutered?	Still Have? *

* If this animal(s) is no longer with you, please explain: _____

What brand of food do you feed your pets? _____. SCAC provides a 5 lb bag of Hill's Science Diet food to people adopting pet animals. Would you object to the shelter giving Hill's your address for the purpose of coupons and animal care information? No Yes

Reference (does not live with you/not relative): _____ Ph#: _____

I declare that all of the information I have given above is true and complete. Providing false information or withholding information will void the application. I hereby release to Summit County Animal Control (SCAC) all veterinary records of any an all animals I own or have owned. I understand that SCAC can decline my adoption application. I further understand that if my application is approved, SCAC reserves the right to conduct a home-check prior to the adoption of any animal to verify the suitability of my home environment as it relates to the needs of the animal, i.e., secure fencing, appropriate shelter, adequate space, safety, etc. I understand that adopting an animal from a shelter provides no medical/behavior assurances and I understand that a refund of the adoption fee is not provided.

Signature _____ Print Name _____ Date _____