

## DOG ADOPTION APPLICATION

Animal applying for: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip/Apt#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip/Apt#: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ How long at current job? \_\_\_\_\_

### Provide two references that are not members of your immediate family:

1.) Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

2.) Personal reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

How did you hear about Rita B. Huff Humane Society/Adoption Center?

- Friend/family member
- Facebook
- Internet
- Other: \_\_\_\_\_

**Please read all the following information BEFORE filling out the adoption application.**

**If you have any questions, please ask.**

**REQUIREMENTS FOR ADOPTING:**

1. All applicants must be 18 years of age.
2. All adopted animals must be spayed or neutered before leaving the shelter. No exceptions.
3. Under state law, all animals over the age of 3 months must be vaccinated against rabies. As long as the animal is at least 3 months old, this will be done before the animal leaves the shelter. If the animal is younger than 3 months, an appointment will be made to bring the animal back. It is the owner's responsibility to vaccinate the animal to the state recommended schedule: puppy or kitten shots at 6, 9, and 12 weeks, rabies shot at 12 weeks. Boosters are needed annually.
4. If an applicant rents a house or an apartment, any pet deposits required by the landlord or management company should be paid prior to the adoption. This will be verified by RBHAC staff before the animal is released.

**ADDITIONAL INFO:**

1. Animals are different from humans. The actions of animals are often unpredictable. Animals should always be closely supervised when they are with children. The Rita B. Huff Adoption Center makes no claims regarding the behavior or temperament of the animals placed into adoption. However, if you decided the animal will not work out in your family, you may return the animal to the shelter within 7 days for a full refund or exchange.
2. The Rita B. Huff Adoption Center has no control over the diseases an animal has been exposed to before coming to the shelter. There are no guarantees that the animal will be completely healthy. You should take the adopted animal to a licensed veterinarian within 7 days. The Rita B. Huff Adoption Center is not responsible for any veterinary fees you may incur during this check-up or if you choose to treat a health problem.
3. We encourage you to consider the pet insurance offered by 24PetWatch. This information will also be included in your paperwork.
4. Visibly unhealthy animals will not be adopted out. If you choose to adopt a dog that is heartworm positive, there will be no refund. You will be asked to sign a legal waiver acknowledging the health problem. We encourage you to discuss the heartworm treatment with your veterinarian before you adopt.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## And your yard

I do not have a yard at this time

1. What outside areas are available to the dog? (check all that apply)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Front yard   | <input type="checkbox"/> Enclosed patio |
| <input type="checkbox"/> Back yard    | <input type="checkbox"/> Dog house      |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Garage         |

2. Do you have a doggie door?

- Yes  
 No

3. Is your yard shared with neighbors?

- Yes  
 No

4. Is your yard fenced?

- Yes                      If yes, fence height? \_\_\_\_\_  
 No

5. Have you recently inspected the condition of your fence for holes or loose points?

- Yes  
 No

6. If your dog will have free access to a fenced yard, where is it located?

- Front yard  
 Back yard  
 Side yard

7. Which of the following is used to secure your gate?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Latch  | <input type="checkbox"/> Padlock      |
| <input type="checkbox"/> Keyed lock   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> We do not lock our gate for the following reason:<br>_____ |                                       |

8. If your gate does not have a lock, are you willing to install one?

- Yes  
 No

9. Who has access to your yard? (check all that apply)

- Gardner
- Pool man
- Utility
- Postal worker
- Housekeeper
- Delivery
- Neighbor
- Other: \_\_\_\_\_

- a. Where is the dog kept while they are working? \_\_\_\_\_
- b. Do you trust your workers not to let the dog get out? \_\_\_\_\_

### Your experience with dogs

1. How would you describe your dog owning experience?

- I have had dogs of my own as an adult
- I grew up with dogs or have worked with them but have not had my own as an adult
- I have never had one or have limited experience with dogs
- Other: \_\_\_\_\_

2. How many dogs have you owned in the past 5 years? \_\_\_\_\_

3. What happened to the other dog(s)? \_\_\_\_\_

4. Do you currently have pets?

- Yes
- No

If yes, please complete the following:

Type	Breed	Gender	Age	Spay/Neutered	If not, why not?
------	-------	--------	-----	---------------	------------------


5. How do you feel your current pets will adjust to a new dog in the house?

\_\_\_\_\_

\_\_\_\_\_

6. Have you had experience with behavioral or medical issues with your previous or current pets?

a. Yes

b. No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

7. If there are children in the household, please describe their experience with dogs:

\_\_\_\_\_  
\_\_\_\_\_

### **About this dog:**

1. Why do you want to adopt a rescued dog? \_\_\_\_\_  
\_\_\_\_\_

2. Share your reasons for wanting a dog?

Family pet

Companion

Gift for someone else

Other: \_\_\_\_\_

Child's companion

Protection/Guard dog

Companion for another pet

3. How will you exercise your dog? \_\_\_\_\_

a. How often? \_\_\_\_\_

4. What type of training are you interested in doing with your dog? \_\_\_\_\_  
\_\_\_\_\_

5. Have you or would you be willing to enroll your current dog(s) in obedience classes?

Yes

No

Only if I had

problems

6. How would you discipline your dog if he or she misbehaved/chewed household items?

\_\_\_\_\_  
\_\_\_\_\_

7. What method do you intend to use to housetrain your dog?

Rub nose in offending spot

Crate training

Other: \_\_\_\_\_  
\_\_\_\_\_

Take out every couple of hours

Consult professional

8. If your dog develops behavioral problems, what will you do? \_\_\_\_\_

9. In which of the following situations might you allow your dog off leash?

- Public park
- Hike
- Back yard

- Dog park
- Neighborhood walk

- Front yard
- Beach

### **Additional information:**

1. If your dog got out/lost, what would you do? \_\_\_\_\_

2. What food will you feed the dog? (Specify brand if known)

Dry

Canned

Other

a. Would you like food recommendations?

Yes

No

3. Pets are an investment of your time and money. Can you afford to provide medical care, grooming, proper diet, shelter, and exercise for your new dog?

Yes

No

Other concerns: \_\_\_\_\_

4. Are you able to make a long-term commitment to care for your pet for its entire lifespan, which could be as long as 15 years or more?

Yes

no

5. What is your monthly budget for your dog? \_\_\_\_\_

6. Who is your veterinarian?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_

If you do not have a vet, would you like a referral?

Yes, please

## About your Home...

1. Do you live in a(n)?:

House

Apartment/Condo

Townhouse

Other: \_\_\_\_\_

2. Your Home is:

Owned, by you or your spouse/life partner

Owned, by someone else within the house

Other: \_\_\_\_\_

Rented directly from the owner or through a management company

Rented as a part of a group of roommates

a) If renting, is your name on the lease (Y/N)? \_\_\_\_\_

b) If renting, do you have your landlord's permission to have a dog (Y/N)? \_\_\_\_\_

c) Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Who shares your household?

Spouse/ life partner

Boyfriend/Girlfriend

Roommate(s) #: \_\_\_\_\_

Other: \_\_\_\_\_

4. Are there children in the home?

Yes      If yes, How many and how old? \_\_\_\_\_

No

5. Do you plan to move soon

Yes

No

6. Does anyone in your household have an allergy to dogs that you are aware of?

Yes

No

7. Is someone home during the day?

Yes      If yes, who? \_\_\_\_\_

No

8. How many hours will your dog be alone each day? \_\_\_\_\_

9. Where will your dog spend most of his/her day when you are home?

- Indoors
- Yard
- Indoor/outdoor

- Garage
- Enclosed patio
- Other: \_\_\_\_\_

10. Where will the dog stay when he/she is home alone?

- Indoor/outdoor (doggy door)
- Inside only (specify)
  - Run of the house
  - Crate
  - Specific room(s): \_\_\_\_\_
- Outside only (specify)
  - Yard
  - Garage
  - Enclosed patio
  - Other: \_\_\_\_\_

11. When will the dog be inside? \_\_\_\_\_

12. When will he/she be outside? \_\_\_\_\_

13. Where will the dog sleep at night?

- Indoor/outdoor (doggy door)
- Inside only (specify)
  - Run of the house
  - Crate
  - Specific room(s): \_\_\_\_\_
- Outside only (specify)
  - Yard
  - Garage
  - Enclosed patio
  - Dog house
  - Other: \_\_\_\_\_

14. What rooms are off limits? \_\_\_\_\_

15. Additional information: \_\_\_\_\_

---

---

---

---

7. If you move what will you do with your dog? \_\_\_\_\_

8. Which of the following reasons might force you to give up your dog? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Excessive barking/neighbor complaints | <input type="checkbox"/> Moving/relocating                    |
| <input type="checkbox"/> Biting aggression                     | <input type="checkbox"/> Financial problems                   |
| <input type="checkbox"/> Shedding/dirty                        | <input type="checkbox"/> Growling/nipping at guests           |
| <input type="checkbox"/> House-training problems               | <input type="checkbox"/> Excessive vet bills/chronic illness  |
| <input type="checkbox"/> Digging                               | <input type="checkbox"/> Having a baby                        |
| <input type="checkbox"/> Not trainable                         | <input type="checkbox"/> Nips or bites children               |
| <input type="checkbox"/> Aggressive on leash                   | <input type="checkbox"/> New spouse/partner doesn't like dogs |
| <input type="checkbox"/> Destructive chewing                   | <input type="checkbox"/> Pets aren't getting along            |
| <input type="checkbox"/> Divorce/separation                    | <input type="checkbox"/> None of the above                    |
| <input type="checkbox"/> Allergies                             | <input type="checkbox"/> Other: _____                         |
| <input type="checkbox"/> Poor watchdog                         |   |

9. Additional comments about why you would like to adopt this particular dog:

---

---

10. Is there anything else you would like to share about with us?

---

---

**And finally:**

Please read and **initial** each statement below:

- \_\_\_\_\_ I understand that the Rita B. Huff Adoption Center does not have a COMPLETE medical history for the animal I am adopting.
- \_\_\_\_\_ I agree to take my new pet to the veterinarian of my choice for a health examination as soon as possible.
- \_\_\_\_\_ I understand that any diseases or conditions that the new pet may have may be transmitted to my other pets.
- \_\_\_\_\_ I understand that I may need to isolate the animal away from my other pets until my veterinarian can examine my new pet.
- \_\_\_\_\_ I understand that a home visit may be required prior to final placement.
- \_\_\_\_\_ I understand that a home visit does not guarantee placement.
- \_\_\_\_\_ I release and waive from liability or responsibility, the Rita B. Huff Adoption Center, and/or any employees, board members or volunteers thereof, in the event that any damages to persons or property are caused either directly or indirectly by this animal.
- \_\_\_\_\_ I understand that I **must return** the animal I'm adopting to the Rita B. Huff Humane Society/Adoption Center if I cannot keep it. **No exceptions.**

**I HAVE READ ALL THE ADOPTION REUIREMENTS LISTED IN THEIS DOCUMENT AND SEAR THAT I WILL OR HAVE COMPLIED WITH ALL REQUIREMENTS. I HAVE ALSO READ THE ADOPTION PROCEDURES LISTED AND UNDERSTAND THEM. I SWEAR OR AFFIRM THAT I HAVE ANSWERED THE QUESTIONS ON THEIS APPLICATION TRUTHFULLY AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND AND AGREE TO THE CONTENTS OF THIS DOCUMENT.**

\_\_\_\_\_  
Adopter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date