



Today's Date: _____

DOG ADOPTION APPLICATION

Name of dog you would like to adopt: _____

ABOUT YOU:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Your age: _____

ABOUT YOUR FAMILY:

I live with: my family/spouse/partner Child(ren) *(Check all ages living in your home)*

Infant/Toddler 2 – 4 years 5 – 10 years 11 – 15 years 15+ years

Do any family members or regular visitors have allergies to dogs? Yes No

Does everyone in your family wish to adopt this dog? No Yes
Has any member of your household been convicted of cruelty to animals or neglect? No Yes
Have you ever surrendered a pet to a shelter or rescue group? No Yes If yes, please explain:

ABOUT YOUR HOME: Own Rent Live with family

How long have you lived at your current address: _____

Residence-type: Home Condo/townhome Apartment Mobile Home

Yard: No Yard Fenced Height: _____ Not fenced Enclosed patio

Renters:

Written permission is required from the property owner. Do you have permission? No Yes

Are there pet restrictions: No Yes List restrictions (breed, size): _____

Do you have other pets? Yes No If no, have you had a pet in the past? Yes No

Type / Size	Male/Female	Spayed/Neutered	Age

Veterinarian's name/address: _____

TYPE OF DOG YOU HOPE TO ADOPT:

- Personality:** Active Couch potato Good with kids Protective Playful
- Age:** Puppy adult Senior No preference
- Size:** Tiny (under 10 lbs.) Small (11- 25 lbs) Medium (26-40 lbs)
 Large (40+ lbs) No preference

PLANS FOR YOUR DOG:

Where will your dog spend the day?

- Indoors: Loose Crated Garage Outdoors: Kennel Loose Tied-up
- Other: _____

Where will he/she spend the night?

- Indoors: Loose Crated Garage Outdoors: Kennel Loose Tied-up
- Other: _____

How many hours/day will your dog be left alone? _____

How will your dog get exercise? _____

What will you do with your dog if you move? _____

How will you do with your dog when you travel? _____

Do you have a trainer / training plan? No Yes Trainer's Name: _____

Under what circumstances would you return your dog?

- Chews on shoes, etc. Barks too much Jumps on people Not house-broken

Other: _____

I certify the information provided is complete and accurate to the best of my knowledge. I give my permission for the Humane Society of the North Bay (HSNB) to verify this information for the purpose of ensuring a happy, healthy life for my new pet. I understand HSNB has the right to deny any adoption if they feel it is not in the best interest of the animal or myself.

Signature: _____ Date: _____

HSNB Reviewer: _____ Date: _____