



DOG ADOPTION APPLICATION

IN ORDER TO BE CONSIDERED FOR AN ADOPTION YOU MUST:

- 1. BE AT LEAST 18 YEARS OF AGE
- 2. HAVE A CURRENT FORM OF GOVERNMENT ISSUED ID SHOWING YOUR NAME & PRESENT ADDRESS
- 3. BE WILLING AND ABLE TO PROVIDE LOVING ATTENTION, MEDICAL CARE AND LIFETIME STABILITY FOR A DOG
- 4. PAY AN ADOPTION FEE

NAME OF DOG(S)	ANIMAL ID#	DATE

ABOUT YOU

NAME:	PERSON ID# (IF APPLICABLE)	PHONE #
ADDRESS:		CITY, STATE, ZIP
EMAIL:		YOUR AGE:

ABOUT YOUR HOUSEHOLD

I LIVE WITH: ALONE/ SELF SPOUSE/PARTNER CHILD(REN) --- AGES OF CHILD(REN): _____

OTHER HOUSEHOLD MEMBERS: _____

DO ANY HOUSEHOLD MEMBERS OR REGULAR VISITORS HAVE ALLERGIES TO DOGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES EVERYONE IN YOUR HOUSEHOLD WISH TO ADOPT THIS DOG?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS <u>ANY</u> MEMBER OF YOUR HOUSEHOLD BEEN <u>CONVICTED</u> OF <u>CRUELTY</u> TO OR <u>NEGLECT</u> OF <u>ANIMALS</u> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER SURRENDERED A PET TO A SHELTER OR RESCUE GROUP?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE EXPLAIN ANY 'YES' ANSWER: _____	

ABOUT YOUR HOME

OWN RENT LIVE WITH FAMILY /OTHERS HOW LONG AT CURRENT ADDRESS? _____

HOMEOWNERS: COPY OF MORTGAGE STATEMENT, PROPERTY TAX FORM, OR DEED WITH YOUR NAME AND ADDRESS.

RENTERS: COPY OF LEASE/RENTAL AGREEMENT STATING PET POLICY / RESTRICTIONS. OR WRITTEN PERMISSION FROM THE PROPERTY OWNER (INCLUDING LANDLORD NAME, CONTACT INFO, PET QUANTITY/SIZE/BREED RESTRICTIONS, SIGNATURE).

(REGARDLESS IF YOU HAVE AN ANIMAL CURRENTLY, IT IS REQUIRED THAT WE HAVE THIS ON FILE FOR ALL RENTERS APPLYING TO ADOPT)

DO YOU HAVE THE ABOVE REQUIRED DOCUMENTATION? PLEASE INCLUDE WITH APPLICATION. YES NO

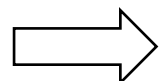
ARE THERE PET/BREED RESTRICTIONS? YES NO

LIST RESTRICTIONS (BREED/SIZE): _____

RESIDENCE TYPE	<input type="checkbox"/> HOME	<input type="checkbox"/> CONDO/TOWNHOME	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> MOBILE HOME	
YARD	<input type="checkbox"/> NO YARD	<input type="checkbox"/> FULLY FENCED	<input type="checkbox"/> PARTIALLY FENCED	<input type="checkbox"/> NOT FENCED	<input type="checkbox"/> ENCLOSED PATIO
FENCE HEIGHT (IF APPLICABLE):	SIZE OF YARD (IF APPLICABLE):				

DO YOU HAVE ANY OTHER PETS: YES NO HAVE YOU HAD PETS IN THE PAST? (PLEASE LIST) YES NO

TYPE/SIZE	MALE/FEMALE	SPAYED/NEUTERED?	AGE	CURRENT OR PAST PET?





WHY DO YOU WANT TO ADOPT A DOG?: _____

WHY DID YOU CHOOSE THIS SPECIFIC DOG? _____

TYPE OF DOG YOU HOPE TO ADOPT:

PERSONALITY ACTIVE MODERATE ENERGY COUCH POTATO GOOD W/ KIDS PROTECTIVE PLAYFUL
 OTHER: _____

AGE PUPPY ADULT SENIOR NO PREFERENCE

SIZE TINY (<10LBS.) SMALL (11-25LBS) MEDIUM (26-40LBS) LARGE (40+LBS) NO PREFERENCE

WHERE WILL YOUR DOG SPEND THE DAY?

INDOORS LOOSE CRATED GARAGE
OUTDOORS KENNEL LOOSE TIED-UP
OTHER _____

WHERE WILL YOUR DOG SPEND THE NIGHT?

INDOORS LOOSE CRATED GARAGE
OUTDOORS KENNEL LOOSE TIED-UP
WHERE WILL THE DOG SLEEP?: _____

HOW MANY HOURS/DAY WILL YOUR DOG BE LEFT ALONE? _____

PLEASE EXPLAIN. _____

WHERE WILL THE DOG BE DURING THIS TIME? _____

HOW WILL YOUR DOG GET EXERCISE? _____

HOW MUCH EXERCISE WOULD YOU LIKE TO DO WITH YOUR DOG ON AN AVERAGE DAY? _____

WHAT WILL YOU DO WITH YOUR DOG IF YOU MOVE? _____

WHAT WILL YOU DO FOR YOUR DOG WHEN YOU TRAVEL? _____

DO YOU HAVE A TRAINER/TRAINING PLAN? YES NO NAME / TYPE: _____

WHICH TRAINING METHODS CLICKER PRONG COLLAR POSITIVE REINFORCEMENT SHOCK/E-COLLAR
DO YOU USE, IF ANY? GENTLE LEADER / FRONT CLIP HARNESS OTHER: _____

IS IT IMPORTANT THAT YOUR DOG BE SOCIAL WITH OTHER DOGS? PLEASE EXPLAIN: _____

UNDER WHAT CIRCUMSTANCES WOULD YOU RETURN YOUR DOG?

CHEWS ON FURNITURE/CLOTHING BARKS TOO MUCH JUMPS ON PEOPLE NOT HOUSE-BROKEN AGGRESSION
 OTHER: _____

WE RESERVE THE RIGHT TO REFUSE AN ADOPTION FOR ANY REASON WE DEEM NECESSARY TO MAKE SURE OUR ANIMALS ARE PLACED IN PERMANENT, LOVING HOMES.

PLEASE FAMILIARIZE YOURSELF WITH OUR RETURN/REFUND POLICY, EXPLAINED ON OUR WEBSITE.

I CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND I UNDERSTAND THAT FALSE INFORMATION WILL VOID THE APPLICATION. I UNDERSTAND THAT IF THE PET(S) ADOPTED DO NOT WORK OUT IN MY HOME FOR ANY REASON, AT ANY TIME, I WILL RETURN IT TO THE HUMANE SOCIETY OF THE NORTH BAY. IF APPROVED, I UNDERSTAND THAT THIS APPLICATION WILL BECOME PART OF MY ADOPTION AGREEMENT WHICH IS A BINDING CONTRACT.

PRINT NAME _____

SIGNATURE _____ DATE: _____

APPROVED YES NO ADOPTION COUNSELOR: _____

DENIAL REASON: _____

ADOPTION COUNSELOR COMMENTS: _____