



HUMANE SOCIETY
OF GREATER DAYTON

Adoption Counselor:	
Pet's Name:	

Personal Information:

- 1) Do you: Own Rent Live with Family Other _____
- 2) Is it a: Home Condominium Apartment Mobile Home Farm Other _____
- 3) Landlord's Name _____ Landlord's Phone Number: _____
- 4) Are the adults in your household aware that you plan to adopt? Yes No
- 5) Do you or anyone living in your household have any known allergy to animals? Yes No

Animal Care History/ Veterinary Information:

- 6) Have you previously adopted from us or any other agency/shelter? Yes No If yes, when? _____
- 7) Have you ever given away or returned a pet/animal for any reason? Yes No
If yes, why? _____
- 8) Please state the name of your veterinarian: Clinic: _____
- 9) When was your last visit to the vet? _____
- 10) What was the reason for your visit? _____
- 11) Are your pets listed under your name? Yes No If not, whose name are they listed under? _____
- 12) To your knowledge, are your animals current on their vaccinations? Yes No Not Applicable

Pet Adoption Information:

1. Do you have a fenced yard? Yes No
2. Where will the dog be kept at night? _____

Statement of Understanding:

I understand the responsibilities that I am assuming if I adopt this animal. I know that there may be unforeseen circumstances and expenses, including annual vet visits, with the introduction of a new pet in my household.

I hereby give the Humane Society of Greater Dayton my permission to contact my landlord, if applicable, and my veterinarian to verify any of the information supplied in this application. I also agree to a "progress check" in the future, where a **Humane Society worker may visit my home to verify my new pet's living conditions.** I agree that if I am unable to keep this pet for any reason, I will contact the Humane Society of Greater Dayton.

By signing below, I acknowledge that I understand everything I have read in this application and I have answered all of the questions truthfully. I further understand that the Humane Society of Greater Dayton is considered the guardian of the animal in question and has the right, in its sole discretion, not to approve this application.

Signature of prospective adopter: _____ Date: _____

DATE _____ LAST NAME _____ FIRST NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ WORK PHONE _____ EMAIL _____

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1	I have owned a dog before.	YES	NO		
2	The last time I had a dog was...	2—10 years ago	More than 10 years ago		Within the last year
3	My dog needs to get along with my other dogs.	NO			YES ← List their names, ages, genders, and breeds
4	My dog needs to be good with (circle all that apply)	Children over 8 years old	Children under 8 years old Elderly people		Cats Animals other than dogs or cats
5	My dog will primarily be an...	Inside dog			Outside dog
6	How many hours will your dog spend outside per day?				_____ hours
7	My dog needs to be able to be alone...	4 hours or less per day	8-10 hours per day	2 hours or less per day	12 hours per day
8	When I'm at home, I want my dog to be by my side...		All of the time	Some of the time	Little of the time
9	When I'm not at home, my dog will spend its time...	In the garage In a crate in the house	In the yard		Loose in the house Confined to one room in the house
10	I want a guard dog.	NO			YES
11	I want my dog to hunt or herd with me.	NO			YES
12	I want my dog to be the type that is very enthusiastic in the way s/he shows s/he loves people:		Not at all	Somewhat	Very
13	I want my dog to be playful:		Not at all	Somewhat	Very
14	I want my dog to be laid back:		Very	Somewhat	Not at all
15	I am comfortable doing some training with my dog to improve manners such as jumping, stealing food, and pulling on the leash:		No training	Some training	A lot of training
16	I (or my children) want to compete in Agility, Flyball, or Obedience with our dog.		NO		YES
17	I am interested in a dog with "special needs" (medical or behavioral).		NO		YES
18	How much do you think you'll spend yearly for the care of your dog? (Food, medical care, boarding, toys, etc.)				\$ _____