



# Humane Society OF HARRISBURG AREA

## DOG ADOPTION APPLICATION

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### PERSONAL INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*Please note in order to be considered an Adopter, you must be at least 18 years age*

Place of Employment: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

If unemployed or a student, please list source(s) of income: \_\_\_\_\_

Please list any other persons residing in your home, their relation to you, and their ages:

Name	Relation	Age

Have you or a member of your family ever been charged with and/or convicted of Animal Cruelty?    Yes    No

Please circle type of housing you reside in:    House    Apartment    Condo    Mobile Home    Duplex    Other

Do you currently (circle one):    Rent    Own    Rent to Own    Live with Relatives

If you rent or live with relatives, do they approve and/or does your lease allow for this type of dog?    Yes    No

Landlord's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does everyone in your household agree on this particular dog?    Yes    No

Does anyone in your household have dog allergies?    Yes    No    Are they on medication for it?    Yes    No

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## ABOUT YOUR PETS

Is this your first experience owning a dog? Yes No      Have you owned this breed before? Yes No

Please list all animals currently in the home:

Name	Breed/Species	Spayed/Neutered (yes or no)	Age

How many dogs and cats have you owned in the past 5 years? \_\_\_\_ dogs      \_\_\_\_ cats      \_\_\_\_ other

If you no longer own these pets, please explain why: \_\_\_\_\_

Please list the name of the current Vet or Vet Clinic you use for the current and/or previous pets below:

Vet or Clinic's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is your name listed as the Primary Owner of the listed pet(s) with the Vet or Clinic's office? Yes No

If you answered no, whose name is listed as the Primary Owner? \_\_\_\_\_

If this is your first experience owning a pet and you have no Vet or Vet Clinic, please list a personal reference not including family members:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are the current pets up to date on their vaccinations? Yes No

Have you ever adopted an animal from a shelter before? Yes No      Name of shelter: \_\_\_\_\_

Have you ever taken an animal to a shelter before? Yes No      Why? \_\_\_\_\_

## ABOUT THIS DOG

Please check your reason(s) for adopting this particular dog:

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Guard Dog      | <input type="checkbox"/> Breeding    | <input type="checkbox"/> Companion for yourself    |
| <input type="checkbox"/> Child's Pet    | <input type="checkbox"/> Hunting     | <input type="checkbox"/> Companion for another pet |
| <input type="checkbox"/> Gift for _____ | <input type="checkbox"/> Other _____ |  |

Who will be responsible for the daily care of this dog? \_\_\_\_\_

If you had to go on vacation, what would you do with this dog? \_\_\_\_\_

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If you had to move, what would you do with this dog? \_\_\_\_\_

If you had to get rid of this particular dog, what would you do? \_\_\_\_\_

Please check one of the options below to explain where this dog will be primarily kept:

- Home       Fenced yard       Outdoor Kennel       Barn  
 Basement       Tied to doghouse       Patio or Porch       Garage  
 Other \_\_\_\_\_

If this dog will be kept outside most or all of the time, what type of shelter will this dog have available to use?

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Where will this dog be kept when left alone? \_\_\_\_\_

How many hours will this dog be left alone? \_\_\_\_\_ Where will this dog sleep? \_\_\_\_\_

Will there be an adult home during the day? Yes No Who? \_\_\_\_\_

Are you familiar with crate training? Yes No Are you willing to crate train this dog if necessary? Yes No

Do you plan to take this dog to obedience classes? Yes No Only if needed

Do you have a yard? Yes No

If yes, is it:  completely fenced (how high? \_\_\_\_\_)  partially fenced (how high? \_\_\_\_\_)  not fenced

Are you financially able to afford proper care for this dog, such as vaccinations, grooming, food, etc.? Yes No

Why have you chosen this particular dog for adoption? Please be as specific as possible.

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How much do you anticipate spending on this particular dog during the course of one calendar year? \_\_\_\_\_

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***I understand that the Humane Society of Harrisburg Area, Inc. is not able to give any guarantees on the health, training, or temperament of this animal and that the adoption fee(s) is not refundable under any circumstances. \_\_\_\_\_ (initial)***

***I understand and accept that authorized Humane Society of Harrisburg Area, Inc. agents sometimes will do follow-up visits to an adopter's home to check on the care the animal is receiving and can remove the animal if unsatisfied with the viewed conditions. \_\_\_\_\_ (initial)***

***Unanswered questions, incomplete answers, and/or false information may result in this animal's Adoption Application being denied. The Humane Society of Harrisburg Area, Inc. reserves the right to refuse adoptions. \_\_\_\_\_ (initial)***

***I/We give permission for the Humane Society of Harrisburg Area, Inc. and/or their agents to verify this information through any available means. \_\_\_\_\_ (initial)***

***Would you object to an authorized agent of the Humane Society of Harrisburg Area, Inc. inspecting the animal(s) and premises where the animal will be kept?    Yes    No***

***I/We certify that the aforementioned information is true and correct to the best of my/our knowledge. \_\_\_\_\_ (initial)***

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Print Name

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Print Name

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Signature and Date

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Signature and Date

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Witness – Print Name

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Witness – Signature