



Date _____

Humane Society of Johnson County
3827 N Graham Rd., Franklin, IN 46131
ADOPTION APPLICATION DOG/PUPPY

Please Print Clearly

Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip Code _____ Cell Phone _____
Emergency Contact _____ Emergency Phone _____
Email _____

Drivers License # _____ DOB _____
Place of Employment _____ Since (mo/yr) _____

Have you adopted from this shelter before? Yes No If yes, when? _____

Have you had any contact with Jo. Co. Animal Control? Yes No

If yes, explain in detail _____

Have you ever surrendered a pet to this or any other shelter or rescue before? Yes No

If yes, please explain in detail _____

How did you hear about us (mark all that apply): HSJC Website TV News Newspaper Radio
 Pet Pals TV Facebook HSJC Newsletter Friend/Referral Other: _____

Are you interested in a specific dog? Yes No If yes, name _____

Housing: Own Home Own Condo Rent Apartment Rent House Live With Parents/Relative
 Subsidized Housing Trailer or Mobile Home College Fraternity / Sorority Housing

Landlord's Name _____ Phone _____ How long at this address: _____

Are you planning to move any time soon? Yes No If yes, when and where to _____

Your Household consists of: Adults Only Live Alone Family with older children (over 10 years old)
 Family with young children (younger than 10 years old)

There are _____ (number of) children living at this address. Their ages are _____

Is any member of your household allergic to animals? Yes No

If yes explain: _____

I prefer a dog that is **I prefer a dog that is (mark all that apply):**

- Adult Senior Puppy
- Male Female
- Small Medium Large Any size
- Indoor only Indoor/outdoor Outdoor only
- Mellow/quiet High energy Moderate energy
- Loves everyone Very affectionate Like some petting Is more independent
- Is quiet Does some barking
- Likely to be housetrained Is calm when greeting people Is excited but controlled when greeting
- Needs encouragement with strangers Needs some basic training Does not need much training
- Needs very little grooming Needs grooming 1-2 times/week Needs daily grooming
- Will want to play lots of games with me Plays alone in the house/yard

I prefer a dog that is good with: Dogs Cats Kids No preference

My ideal dog would be: _____

When it comes to relating to dogs, I consider myself:

- Strict, demanding, a strong leader (dog must sit for a cookie and follow my rules)
- Lenient, a little wishy washy, easily coerced by the dog (the dog looks cute so he gets a treat without sitting, can jump on the couch uninvited)
- Somewhere in between

Are you able to commit to providing a home for a dog for the life of the dog? Yes No

Are all members of your household in agreement about adopting a dog Yes No

If no explain: _____

Have all of your family members been around dogs? Yes No

Have you had the experience of being primary caregiver to a dog? Yes No

Is anyone in your household nervous or unsure around dogs Yes No

If yes, explain: _____

The activity/noise level in your home is: Quiet Active Very Active

Are you familiar with your local animal control laws? Yes No

Describe those pets you currently own:

If you have more animals than space provided, please use an additional sheet of paper and attach to this form.

Name _____ Type _____ Age _____ Sex _____

Is the pet spayed or neutered Yes No

Primarily indoor or outdoor? Explain _____

What year did you get the animal? _____ How did you acquire the animal? _____

Comments _____

Describe all pets you previously owned in the last 10 years

Name _____ Type _____ Age _____ Sex _____

Is the pet spayed or neutered? Yes No

Primarily indoor or outdoor? Explain _____

What year did you get the animal? _____ How did you acquire the animal? _____

Year deceased (or last year you had pet) _____

Cause of death or where is pet now (explain in detail) _____

Veterinarian Information

If several vets were used, please explain and provide approximate service dates. Please note that application review cannot be completed unless each vet's phone number is provided. If the space provided is insufficient, please use an additional sheet of paper and attach to this form.

Name _____ Phone # with area code _____

Owner Name(s) records are listed under _____

Date of last vet visit _____

Name of vet you will use for your new pet _____

Are you able/willing to pay emergency care, which could result in a bill of \$200 to \$1,000 or more Yes No

Have you considered the extra expenses that will come with having a dog including vet care, food, supplies, equipment, toys, training, and boarding? Yes No Please explain _____

Will you take obedience training? Yes No

Will you be willing to obtain an appropriately sized, open-wire crate, if recommended? Yes No

How will you confine your pet to your property? _____

Do you have a fenced yard? Yes No

If yes, what type of fence? _____ How tall? _____

Any holes or gaps? Yes No If yes, will you be fixing the wholes? Yes No

Is the fence attached to the home? Yes No

If you do not have a fence, do you plan to install a fence? Yes No

Will there be someone home with your pet during the day? Yes No

How many hours will the dog be left unattended (e.g., workday, etc) _____

What is the greatest number of hours the pet will spend alone daily / nightly _____ Hours

When you are not home, where will the dog be kept? Run of the house Crate indoors Outdoors
 garage Basement Outside run Fenced Yard Chain Other _____

Where will the pet spend most of its time? _____

Where will the dog sleep? _____

Do you plan to use any of the following: Outside kennel Runner Chain Tie line Dog house

Do you have any health conditions that could restrict your ability to keep a dog, either now or in the future?

Yes No If yes, explain _____

What will you do with your dog in the event you are unable to care for your dog? _____

How will you discipline your dog? _____

What will you do if your dog starts chewing in unwanted areas like furniture or carpet? _____

What will you do if your dog's behavior suddenly changes (lack of appetite, lethargy, etc.)? _____

What types of activities do you plan for you and your dog? _____

It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved.

Are you prepared to allow this much time? Yes No

Do you understand that changing a dog's environment may case the dog to have accidents? Yes No

Are you willing to take the time to housebreak a dog? Yes No

How will you houstrain your dog? _____

If a behavioral problem arises, what steps will you take to work on it? _____

Describe how often in which you will walk/exercise a dog on a leash? _____

I intend to (check all that apply)

Walk dog on a leash Walk dog off leash Bring dog to a dog park

Hunt with the dog Go jogging or hiking with the dog Let the dog exercise himself in the yard

How often do you travel? _____

How will you care for your dog when you are away from home? _____

In the event of an emergency, who would care for your dog or what arrangements would you make?

Have you ever had a pet for a short period of time and it didn't work out? Yes No

What circumstances might justify having to return the dog you adopted (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Baby | <input type="checkbox"/> Divorce | <input type="checkbox"/> Dog not getting along with other pets |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Allergies | <input type="checkbox"/> New household member dislikes dog |
| <input type="checkbox"/> Shedding | <input type="checkbox"/> Behavior problems | <input type="checkbox"/> House soiling/urine marking |
| <input type="checkbox"/> Want to travel | <input type="checkbox"/> Dog becomes ill | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> None | <input type="checkbox"/> Children lost interest | <input type="checkbox"/> Too time consuming |
| <input type="checkbox"/> Other _____ | | |

Please share with us anything you would like for us to know about the new dog that you would like to add to your family:

Are you aware the adoption fee is a nonrefundable donation? Yes No

I certify that all of the above information is true and I understand that giving false information on this application will automatically disqualify me from adopting from this organization. I understand omission of information and/or failure to answer all questions and sign the application can result in this application being declined. I understand that the Humane Society of Johnson County has the right and responsibility to deny any adoption for any reason and may request a 24-hour waiting period before the adoption is approved. I hereby authorize release/disclosure of any records and/or other pertinent information including employment verification, proof of tenancy, and veterinarian/personal reference.

In addition, I understand the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received on this animal. I understand it is HSJC's prerogative to decide which home is most appropriate and that their decision is final. Unless otherwise indicated by HSJC, I am free to apply and undergo the application process in the future.

Signature: _____ Date: _____

Printed Full Name: _____

Office Space Only

Applicant contacted:

Date:

Approved:

Denied:

Holding application for another animal: