



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 housetrain 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: \_\_\_\_\_

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Office Space Only

Applicant contacted:

Date:

Approved:

Denied:

Holding application for another animal: