

# WELCOME TO THE WASHINGTON COUNTY HUMANE SOCIETY, INC.

## Dog Adoption Application

In order to be considered for an adoption, you must:

- Be 18 years of age. This is the age required by law to sign a legally binding contract.
- Have the knowledge and consent of all adults living in your household.
- Have verifiable identification. **DL #** \_\_\_\_\_ **DOB** \_\_\_\_\_
- Have landlord's consent to bring an animal onto the property, or be able to provide proof of home ownership

So that we may be assured that the animal you want to adopt will be best suited to you, your home, and lifestyle, and be placed in an environment that is compatible with its needs, we would like you to provide us with the following information:

Name(s) (every person 18 years and up living in the residence)			Home Phone No.				
Address		City		State		Zip	
Employer's Name				Work Phone No.			
Landlord's Name/Condo or Mobile Home Association:				Landlord's/Association Phone No.			

1. List all type(s) of pets you have owned during the past 5 years and any pets you have adopted from WCHS:

Name	Dog/Cat/Other	Kept Where	Age	Sex	Fixed	No	Adopted from WCHS	Still Own
					<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> When_____	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> When_____	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> When_____	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> When_____	<input type="checkbox"/> Y <input type="checkbox"/> N

2. If you no longer have the above pet(s), please explain what happened to it (them) and when.

\_\_\_\_\_

3. Does anyone else living in the home own pets?  Yes  No

4. Do other dogs visit your yard or home on a regular basis?  No  Yes If yes, explain \_\_\_\_\_

5. Please list any Veterinarian Clinics you have used in the last 5 years: \_\_\_\_\_  
\_\_\_\_\_

6. What person's name are the vet records under? \_\_\_\_\_

7. Please provide the following information about your household:

No. of adults: \_\_\_\_\_ Relationships \_\_\_\_\_ Ages of children living at home: \_\_\_\_\_

8. Do you live in a:  House  Apartment  Duplex  Condo  Mobile Home Do you:  Rent  Own

9. Where will your dog be kept during: The day? \_\_\_\_\_ Night? \_\_\_\_\_

10. Where will your dog be kept when left alone? \_\_\_\_\_

11. When outside, will it be:  Tied  Kenneled  Fenced-in Yard  Loose  Other: \_\_\_\_\_

12. What type of exercise do you plan to provide for your dog:

Daily Walk  Weekly Walk  Dog Park  Jogging  Play in Yard

13. If necessary, how do you plan to prevent & address behavioral problems (i.e. chewing, housebreaking, barking):

\_\_\_\_\_  
\_\_\_\_\_

## Veterinary Records Authorization

This certifies that I am applying to adopt an animal from The Washington County Humane Society. In doing so, I acknowledge that they will be reviewing my application and veterinary records. By signing below, I authorize the below named veterinarian(s) to release the medical records of my currently owned or previously owned pets.

Veterinary Clinic \_\_\_\_\_

Location \_\_\_\_\_ Phone Number (if known) \_\_\_\_\_

Veterinary Clinic \_\_\_\_\_

Location \_\_\_\_\_ Phone Number (if known) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Name of pets (s) \_\_\_\_\_

**By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that The Washington County Humane Society has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### For WCHS Office Only (Animal Info):

Adoption Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**Invoice #:** \_\_\_\_\_ Animal Breed: \_\_\_\_\_ Animal Name \_\_\_\_\_ Altered? \_\_\_\_\_ **CVI exp date?** \_\_\_\_\_

Signer # \_\_\_\_\_ **On meds?** \_\_\_\_\_ Red/Blue Dot reviewed? Tina/Jessie **Red/Blue Dot Reason** \_\_\_\_\_  
**Pending a dental or other surgery? Date** \_\_\_\_\_

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**Are there dogs in home?** \_\_\_\_\_ **Are there cats in home?** \_\_\_\_\_ **Proof of H.O. needed?** \_\_\_\_\_

Dog/dog meet needed? \_\_\_\_\_ Good/Poor Dog/cat meet needed? \_\_\_\_\_ Good/Poor

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Called Back \_\_\_\_\_ Pickup Date \_\_\_\_\_

**Approved**  **Denied** Old DB Checked  PetPoint Checked  Staff Initials \_\_\_\_\_

Reason denied: \_\_\_\_\_

Landlord approval:  Pets OK  Pets not OK Vet verification:  Vet check OK  Vet check not OK