

DOG ADOPTION QUESTIONNAIRE

Adoption Pre-requisites:

*Adopter must be 21 years old or a homeowner if under 21. Proof of ownership may be required. *Current Pets must be spayed or neutered and current on vaccinations/heartworm prevention.

*Proof of homeowners insurance for adopters interested in bully breeds that accepts the breed you are interested in. Rental insurance may be required.

*CCHS will check with landlords for approval of pets in rental homes/apartments/condos.

*Obedience training may be required per request of adoption counselor. Deposits may be required.

Date:	Name of I	Dog:		· · · · · · · · · · · · · · · · · · ·		
Name:	Spouse or Sig	Other:				
Address:		Citv/	State/ZIP:			
Home Phone:	Cell Phone:		Work Nu	mber:		
Driver License #:		Email Ad	dress:			
If you rent, please provide: La	ndlord's Name:		Phone r	number:		
Veterinarian Reference: Name of Clinic:			Phone number:			
I give CCHS permission to	<u>check my references:</u>					
Sign:				Date:_		
The Columbia County Human provide you with coverage fe						
How did you hear about the Columbia County Humane Society:						
I have owned a dog before :	YES NO					
I want an: inside dog	inside/outside dog	outside	e only dog			
My dog needs to be good witl	n: all aged children	children under 7	7	children ove	<u>r 7</u>	
When I am gone, my dog will	be : in a crate loc	ose in home	confined to	a room	outside	
I want a guard/watch/protectiv	/e of me, dog : YES	NO				
I want my dog to be playful:	Very somewhat No	t at all				
My home is best described as	: Quiet Moderate	ely active	Chaotic			
I am interested in a dog with '	'special needs" (medical or	behavioral):	YES	NO		
My dog needs to get along wi	th other dogs: YES	NO NC	T IMPORTA	<u>NT</u>		
My dogs needs to get along w	vith cats: YES	NO				
I have livestock at home:	YES NO	Poultry:	YES	NO		
When I am home, I want my d	og by my side: All the ti	me Some	of the time	Little of th	ne time	

I am comfort	able doing training v	with my dog to impr	ove manners:	No training Some training	A lot of training			
My dog woul	d be alone: 4	hours or less	4-8 hours	8 hours or more				
l will attend o	bedience classes:	YES	NO	Need local trainer info	<u>)</u>			
<u>l want a dog</u>	to compete in comp	etitions with me:	YES NO Lis	t sports:				
What is your definition of disciplining a dog?:								
The most important trait in my new dog would be:								
	ide the information							
Name	Breed	Age	Male/Fema	le Spay/Neuter	Still Own?			
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If your current pets are not spayed or neutered, please list the reason why:_____

CCHS HAS THE RIGHT TO ACCEPT OR DENY THIS APPLICATION FOR ANY REASON.

We choose the home WE feel is the best home for the dog based on the interaction/application with the family and other dogs. A filled out application DOES NOT guarantee your application will be accepted for the dog you are applying for. Dogs will not be held without an approved application. I hereby state that information provided is true to the best of my knowledge. Falsifying information will result in a denial of my application. I also sign that I understand how the adoption process works and the fees involved with adoption. I understand that if the dog I have chosen is not altered at the time the application is filled out, I must wait until the surgery is performed before the dog can go home with me. Dogs will be held no more than 3 days after an application is approved.

Signature of applicant one	:	Date:
Signature of applicant two	Date:	
Staff use only:		
Approved: YES	NOReason:	
Vet reference:	_(initial) Results:	
Landlord contacted:	(initial) YES NOreason:	
Applicant contacted:	(initial) Date: Time:_	
Pick-up date:	Time:	