



DOG ADOPTION APPLICATION
(Making a 10 – 15 year Commitment)

Humane Society of Wayne County

ID#	
Dog's Name	
Current	
P/U Date	

PLEASE PRINT

Last name _____ First Name _____ MI _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #s: Home: (_____) _____ Cell: (_____) _____

Place of Employment: _____

Work Phone #: (_____) _____ OK to Call at Work? Yes No

Are you 18 years of age or older? Yes No

If no, parent's/guardian's signature witnessed by a HSWC staff member is required below:

Parent's/Guardian's Signature: _____ Date: _____

Household composition: # Adults? _____ # Children? _____ Children's Ages _____

Does anyone in the household suffer from allergies to animals? Yes No

Do you **OWN** a: House? Mobile Home?

If in a mobile home park, owner's name: _____

Phone #: (_____) _____

If **RENTING**, do you rent a(n) Apartment? Mobile Home? Dorm Room?

If renting, owner's name: _____

Phone #: (_____) _____

Does the owner require:

- 1. a security deposit to keep a pet? Yes No
- 2. an additional monthly rental fee to keep a pet? Yes No

Does your insurance carrier have any breed restrictions? Yes No

Have you adopted from a shelter before? Yes No Do you still have the pet? Yes No

If no, why not? _____

What is your reason for wanting a dog/puppy? _____

Will this dog live Inside? Outside? Both Will you housetrain the dog? Yes No

How will the dog:

- 1. be confined outside? _____
- 2. get exercise? _____

What would you do with the dog if you moved? _____

How did you hear about us? Word of mouth Flyer Radio/TV Print media

Internet site (which one?) _____ Other _____

If you wish to receive updates about shelter activities and information about animals and animal care, please

PRINT your e-mail address _____

PLEASE LIST ALL CATS AND DOGS YOU HAVE OWNED IN THE PAST 5 YEARS

Pet's Name	Dog/Cat	Breed	Age	Sex	Altered?	If no longer in the household, what happened to the pet?

Is your pet(s) vaccinated against: Rabies? Yes No Distemper? Yes No

If your pet(s) is a dog(s), has your dog(s) been vaccinated against:

Parvovirus? Yes No Kennel Cough? Yes No

Has your dog(s) been tested for heartworms? Yes No

Do you give your dog(s) heartworm prevention medicine? Yes No

Is your dog(s) licensed? Yes No

If your pet(s) is a cat(s), has your cat(s) been tested for:

Feline Leukemia? Yes No Feline "AIDS"? Yes No

Is your cat(s) vaccinated against: Feline Leukemia? Yes No Feline "AIDS"? Yes No

Will you keep your animal(s) up-to-date on vaccinations/preventions? Yes No

If no, why not? _____

What vet hospital(s) do you use? _____ Phone #:(_____) _____

What name are the vet records under at the vet hospital? _____

Have you ever had a dog that had puppies? Yes No If yes, did you spay the dog? Yes No

To feed and provide proper vet care, are you prepared to spend about \$600 per dog per year? Yes No

- I understand that falsification or omission of any of the above information will result in an automatic application denial.
- I authorize the release of my name and information for the exclusive use of Hills Science Diet so that I may receive promotional discounts, coupons, and other information from them.
 - Do not release my information to Hills Science Diet
- I give permission to my vet hospital to release any records pertaining to my animals or animals that I have owned to the HSWC for the purpose of processing my application.

Signature: _____ Date: _____

The Humane Society of Wayne County reserves the right to deny this application.

FOR HUMANE SOCIETY USE ONLY

Driver's License # _____
 Approved Denied By whom? _____

Adoption fee	
S/N Deposit	
Total	

HSWC Tag # _____