



# HUMANE SOCIETY OF NORTHWEST INDIANA DOG ADOPTION APPLICATION

Welcome to the Humane Society of Northwest Indiana.

### PLEASE READ CAREFULLY

Although the screening process may seem excessively time consuming, it is important to keep in mind that screening benefits potential adopters as much as it benefits the animals. Adoption screening increases the likelihood that you will adopt the animal that is right for you! Like humans, animals have unique personalities, backgrounds, temperaments and needs. Not *every animal* is appropriate for *every home*. Adoption applications and consultations are important tools in the decision making process. This form is designed to help you find the dog most compatible with your lifestyle. The Humane Society is responsible for helping potential adopters assess the compatibility of a companion animal. The donation fee required for dogs ranges from **\$95.00 and up**, depending on age, breed and veterinary procedures.

**\* I understand that a yard check and home visit are required before completion of adoption.\***

HSNI reserves the right to refuse adoption to anyone if the adoption requirements are not met or if the HSNI feels that the best interests of the animal are not going to be met.

**Each question on this application must be completed in as much detail as possible.**

**Please take time to accurately complete this application.**

### PLEASE PRINT CLEARLY

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE# \_\_\_\_\_  
WORK# \_\_\_\_\_  
CELL# \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

<b>THIS SPACE FOR HSNI USE ONLY</b>	
<input type="checkbox"/> DOG	<input type="checkbox"/> PUPPY
SEX: <input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
AGE _____	
COLOR _____	BREED _____
ADMIT # _____	
PETS NAME _____	
MEMO _____	
_____	

### **DOG ADOPTION APPLICATION**

*Please allow 2-3 working days to review and process your application.*

- Are you 21 years of age or older?  YES  NO
- Can you provide us with one of the following?
  - A current driver's license with current address?  YES  NO
  - OR-
  - One form of identification showing your current address, and a listed telephone number at that address?  YES  NO
- Will you have the **time** and **money** necessary to provide for training, medical treatment, grooming and proper care of this companion animal?  YES  NO

**IF THE APPLICANT CANNOT BE REACHED OR DOES NOT COMPLY WITH THE REQUIREMENTS OF THIS ADOPTION, THIS APPLICATION WILL BECOME NULL AND VOID AFTER 3 DAYS FROM THE DATE OF THE APPLICATION.**

**APPLICANT INFORMATION: PLEASE PRINT CLEARLY**

Applicants employer \_\_\_\_\_ Location \_\_\_\_\_

Work hours \_\_\_\_\_ Length of employment \_\_\_\_\_

I am not employed at this time \_\_\_\_\_

Marital Status:  Single  Engaged  Partnered  Married

Spouse's name \_\_\_\_\_

Spouse's employer, Location and telephone # \_\_\_\_\_

Work Hours \_\_\_\_\_ Length of employment \_\_\_\_\_

Not employed at this time

Time lived at current address \_\_\_\_\_ Time expected to remain \_\_\_\_\_

Number of adults in residence \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

I have children who visit or live next door. Ages \_\_\_\_\_

**Excluding children, spouse and applicant, list any other residents living in the household:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Type of residence:**  Own Home  Rent Apartment  Duplex  Rent Home/Condo  Mobile Home  
 With Parents  Live with someone else  
 Other/Explain \_\_\_\_\_

If Rental: Name the property owner and telephone # \_\_\_\_\_

**Please give directions to your residence:** The purpose of this is for future home checks, fence checks and possible reclaims for failure to fulfill the contract. **Be clear and precise with your directions. If your are not precise or give incorrect directions to your residence, the yard check will not be done and the yard check fee will be forfeited. PLEASE PRINT.**

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

**Are All Family Members Present? If not, who is missing?** \_\_\_\_\_

**The animal is for:**  Myself  Partner  Both  Children  All

**Who will be responsible for the animal?**  Myself  Partner  Both  Children  All

Would this be your first dog?  YES  NO

What has been your experience with dogs?  Had one growing up  Have had one  
 Have had 2 or 3  Have had more than 3

If you have children, what has been their exposure to dogs?  None  Some  A lot  
 Small dog?  Large dog ?

What is the level of activity of your household?  Quiet  Active  Very active  Hectic

**Please check all that apply where the pet will be kept at one time or another:**

- House  Shed  Crate  Doghouse  Backyard
- Porch  Barn  Basement  Other
- At work  Outside buildings

When the animal is inside it will be left: (check all that apply)

- Crated  Room  Basement  Tied  Other \_\_\_\_\_

When the animal is outside it will be left: (check all that apply)

- Fenced yard  Invisible fence  Tied  In a run
- Loose  Supervised loose

Where will the dog be kept at nighttime? \_\_\_\_\_

**Crate use:**  Will not crate  Reluctant to crate  Crate if necessary  Will crate  
 Think it is cruel to crate  Think it is a necessary training tool to crate

If you are planning to crate, how many hours will the dog be left alone in the crate? \_\_\_\_\_

**Is your yard securely & completely fenced in?**  YES  NO

If yes, what type of fence? \_\_\_\_\_ Height? \_\_\_\_\_

**Please tell us why you would like to adopt an animal from us.** Check all that apply.

- Companion  For a child  To breed  Guard dog  Gift  Personal Protection
- Companion for other pet  Hunting  Watch dog  Other \_\_\_\_\_

Please provide a description of how you would correct your new puppy/dog if it showed destructive or inappropriate behavior such as digging, jumping, chewing etc.

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What activity level are you looking for in a dog?  Calm, will sit in your lap  
 Semi-active, will require medium level of stimulation  
 Active, will require daily mental and physical stimulation.

Will you spay or neuter this animal?  YES  NO

If yes, why? \_\_\_\_\_

If no, why not? \_\_\_\_\_

Have you adopted from a shelter before?  YES  NO What shelter? \_\_\_\_\_

How much do you anticipate on spending yearly to feed, vaccinate, license and provide medical care for your new pet?

\$100.00  \$200.00  \$350.00  \$500.00  Other: \_\_\_\_\_

Will this animal be replacing a currently owned animal?  YES  NO If yes, explain:

\_\_\_\_\_

**LIST ALL OF THE PETS YOU HAVE OWNED WITHIN THE LAST 7 YEARS**

PET # 1  Dog  Cat  Other: \_\_\_\_\_ Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Spayed/Neutered?  YES  NO  Male  Female

Housed:  Indoors  Outdoors  Both, explain \_\_\_\_\_

Do you still have this pet?  YES  NO **If no, explain in detail what happened to the pet.**

\_\_\_\_\_

Was this pet euthanized (put to sleep)  YES  NO

PET # 2  Dog  Cat  Other: \_\_\_\_\_ Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Spayed/Neutered?  YES  NO  Male  Female

Housed:  Indoors  Outdoors  Both, explain \_\_\_\_\_

Do you still have this pet?  YES  NO **If no, explain in detail what happened to the pet.**

\_\_\_\_\_

Was this pet euthanized?  YES  NO

PET # 3  Dog  Cat  Other: \_\_\_\_\_ Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Housed:  Indoors  Outdoors  Both, explain \_\_\_\_\_

Do you still have this pet?  YES  NO **If no, explain in detail what happened to the pet.**

\_\_\_\_\_

Was this pet euthanized?  YES  NO

PET # 4  Dog  Cat  Other: \_\_\_\_\_ Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Housed:  Indoors  Outdoors  Both, explain \_\_\_\_\_

Do you still have this pet?  YES  NO **If no, explain in detail what happened to the pet.**

\_\_\_\_\_

Do you have or had pets other than the pets listed above?  YES  NO

**Please answer the questions to the best of your ability.**

Under what circumstances would you consider relinquishing the dog (e.g. new baby, new home with expensive furnishings, divorce, move out of state, not getting along with other animals in the house, etc.)? Please list any reasons.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What would you do if the dog started chewing on furniture or other household items?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What would you do if the dog bit you or a member of your family?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

You are having problems house breaking your dog or new puppy. What would you do?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Why do you think your home is a good home for a dog/puppy?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Did your pets, previous and current, receive annual veterinary care?  YES  NO

If yes, please mark which ones.

Cats: Yearly booster  YES  NO

Rabies  YES  NO

Feline Leukemia  YES  NO

Test for parasites  YES  NO

Dogs: Yearly booster  YES  NO

Rabies  YES  NO

Test for parasites  YES  NO

Heartworm test  YES  NO

Is monthly heartworm preventative given?  YES  No If yes what brand? \_\_\_\_\_

Name of Veterinary Clinic: \_\_\_\_\_

Phone # of Clinic: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Whose name is listed on the account? \_\_\_\_\_

Are you aware of the annual routine vaccinations recommended for the health and protection of dogs?

YES  NO

Are you prepared financially for emergency medical and or major medical care for the pet?

YES  NO *Please be aware that emergency and major medical care needed for dogs can be very expensive.*

What helped you decide to adopt a companion pet from us?

- Internet
- Drive by
- PetSmart
- Recommended
- Newspaper
- Phone book
- Other \_\_\_\_\_

Would you be willing to support us by becoming a member of the Humane Society and receive our quarterly newsletter?

Membership is \$10.00 a year.  YES  NO

Would you be willing to Volunteer your time/talents to support us?  YES  NO

**CERTIFICATION**

I certify that the information is true and accurate to the best of my knowledge. \_\_\_\_\_  
initial

I understand that the Humane Society of Northwest Indiana reserves the right to deny an application for **any reason**. I further understand that any **FALSE** or **INCOMPLETE** answers on this application may constitute grounds for rejection of this application.

\_\_\_\_\_  
Applicants Signature

**FOR STAFF USE ONLY**

Check List: Vet \_\_\_\_\_ Landlord \_\_\_\_\_  
A.C. \_\_\_\_\_ Phone \_\_\_\_\_  
Spouse \_\_\_\_\_ D.N.A. \_\_\_\_\_

MEMO \_\_\_\_\_

APPROVED  DISAPPROVED REASON \_\_\_\_\_