



Date ___/___/___

Animal's Name _____

Dog Adoption Application

Name _____ Driver's License # _____
 Physical Address _____ Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell/Other _____
 Veterinarian _____ Phone Number _____
 Personal Reference _____ Phone Number _____

Are you over 60? Yes or No Date of Birth _____ Are you a Kibble Card holder? Yes or No
 Are you a professional breeder? Yes or No What breed? _____
 Do you travel frequently? Yes or No Who will care for your pet (s) with your away? _____

Are you planning on moving the next 6 months? Yes or No?
 If you do move in the future, what will you do with your pet? _____

Have you ever surrendered any pets to the Humane Society of the White Mountains? Yes or No
 If so, give details. _____

What type (s) of unacceptable behavior from the pet would cause you to return it to us? _____

Housing: ___ House ___ Apartment ___ Condo ___ Mobile Home
 ___ Own ___ Rent ___ Live w/Parent ___ Rent MH Space
 Landlord Name _____ Phone Number _____
 How many members in the household? _____ Adults _____ children/ages _____
 Who will carry the main responsibility of caring for this animal? _____

Do you presently have other pets? Yes or No?
 If so, the number of each: Dogs _____ Cats _____ Other (specify) _____
 Are your current pets spayed/neutered? _____
 How do you feel about spaying/neutering? _____
 What characteristics about this pet do you find appealing? _____

Are you familiar with this breed-mix? _____
 I expect to spend \$ _____ yearly for the care of my dog.

Your Household

Dog Experience:

- First time owner
- 1 or 2 dogs
- Experienced

Dog needs to be good w/:

- Other dog (s)
- Cat (s)
- Children under 6 years
- Elderly people

Dog will be:

- Mostly inside
- Mostly outside
- Rarely left alone
- Left alone 4 hours or less
- Left alone 4-8 hours
- Left alone over 8 hours
- Confined in a secure yard
- Taken to dog parks

When no one is home dog will be:

- Loose in the house
- In the yard
- In the garage
- In a crate

Level of activity in household:

- Quiet
- Moderately active
- Hectic/Noisy

Where will dog sleep? _____

Type and height of fence: _____

Your Ideal Dog

Adult Size

- 0-20 lbs
- 20-50
- 50-100
- Over 100 lbs

Age

- 8-16
- 4-12
- 1-3
- Older No Preference

Coat

- Short
- Medium
- Long
- Non-Shedding
- Allergies in household

Sex

- Male Female
- No preference

I want my dog to be by my side

- All of the time
- Some of the time
- Little of the time

I want my dog to be:

- A guard dog
- A hiking companion
- Playful
- Laid back
- Enthusiastic with people

Exercise Requirements

- Low Moderate
- High

Willing to...

- Housetrain
- Provide good manners training
- Train for Agility or Obedience

Preferred

Breed _____

Anything else you would like to tell us:

The Humane Society does not provide rabies vaccinations. It is the responsibility of the adopters to seek additional vaccines including rabies. I understand that the Humane Society of the White Mountains requires all unaltered adoptions to be altered as stated in the adoption agreement.

Due to incubation periods for illness/disease, it is the recommendation of the Humane Society of the White Mountains that the newly adopted pet be kept separate from any other pets in the home for a period of 7 days. If the newly adopted pet becomes ill, it is the responsibility of the adopter to seek veterinary care for the pet or return the animal to the Humane Society of the White Mountains. If the adopter is unable to keep or care for the newly adopted pet, it may be returned to the Humane Society of the White Mountains. An exchange will be issued if the pet is returned **within 21 days** from the adoption date. **NO REFUNDS WILL BE GIVEN-NO EXCEPTIONS.**

Signature of Applicant

Date

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL AND THE PROPERTY OF THE HUMANE SOCIETY OF THE WHITE MOUNTAINS.

Approved: _____

Denied: _____

Date: _____

Comments: _____

Adoption Counselor: _____