

PAL HUMANE SOCIETY

DOG ADOPTION APPLICATION

*In order for your application to be considered, please answer every question.
Completion of this application is not a guarantee of adoption.*

Name: _____

Address: _____ City: _____ State/Zip: _____

Mailing Address (if different): _____

Phone: () _____ Cell: () _____ Work: () _____

Email: _____

Which dog(s) are you interested in adopting? _____

Why do you want to adopt this dog? *(Please check all that apply)*

Companion Guard dog Gift For children Family companion

Please list ALL the pets you have had in the past 5 years including those you currently own.

Type/Breed	Sex (circle one)	Age	Spayed or Neutered	Licensed	Where is this pet now? (If pet died, please list at what age and reason)
_____	M F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	M F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	M F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	M F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	M F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

How many adults are in your household? _____ Ages: _____

How many children? _____ Ages: _____

Has every member of your family agreed to adopting this dog? *(If this has not been discussed at great length, please complete the application when that has occurred.)* Yes No

Does any member of your family have allergies or asthma? Yes No If yes, please describe: _____

Is someone home during the day? Yes No If so, who? _____

How many hours will this dog be alone each day? _____

Where will this dog be kept when it is left alone? _____

Where will this dog be kept when you are home? _____

Where will this dog sleep at night? _____

Who will care for this dog when you are on vacation, out of town, or in an emergency? _____

Do you live in a: House Townhouse/Condo Apartment Duplex Mobile Home

Do you: Own Rent Other If other, please explain: _____

If you rent, does your landlord allow tenants to own dog of all sizes? Yes No

Landlord's name and number? _____

Do you have a fenced: Yard Patio Both No fencing in place

If you do have fencing, what type is it? _____

What is the fence height at the lowest point? _____

Do you have a pool? Yes No If yes, is the pool gated? Yes No

Under what circumstances would you chain or tether this dog? _____

If you move (locally, out of state, or out of the country) what will you do with this dog? _____

If your lifestyle changes in (such as getting married, having kids, get a new job, etc.), what will you do with this dog? _____

Are you prepared to make a commitment of 6 to 10+ years to this dog? (*Dogs can live 10-20 years*) Yes No

Do the costs of vaccinations, medical care, licensing, grooming, boarding, supplies, and/or general upkeep of you dog present any financial problems for you? (*The annual cost associated with providing responsible care to a healthy dog is approximately \$500.*) Yes No

Which reasons are acceptable for giving up your dog? (*Check all that apply*)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> fence jumping | <input type="checkbox"/> allergy | <input type="checkbox"/> moving | <input type="checkbox"/> housebreaking accidents |
| <input type="checkbox"/> biting | <input type="checkbox"/> showing teeth | <input type="checkbox"/> marking in the house | <input type="checkbox"/> chewing/destructive behavior |
| <input type="checkbox"/> too active | <input type="checkbox"/> illness | <input type="checkbox"/> hides for a week | <input type="checkbox"/> digging |
| <input type="checkbox"/> barking | <input type="checkbox"/> non-compatible with other pets | | |

Have you ever had to give up a pet? Yes No If so, when and why? _____

If your dog gets sick, what will you do? _____

Who is your current veterinarian? (*name and phone number please*): _____

Have you ever adopted any animals? Yes No If so, do you still have this/those animals? Yes No

Your application will be reviewed and you will be interviewed by one of PAL's Adoption Counselors to insure that the best possible home is selected for this animal. Animals are not adopted solely on a first come, first served basis.

Incomplete applications are grounds for denial of adoption.

WE RESERVE THE RIGHT TO REFUSE THE ADOPTION OF ANY ANIMAL FOR ANY REASON

I hereby certify that the above answers are true and correct, to the best of my knowledge, and I understand that if approved, I must sign and abide by an Adoption Contract.

Applicant signature

Date