



Name of Dog applying for: _____
 Date you can come in: _____

FOR STAFF/RECEPTION USE ONLY	DOG
Description of dog applying for:	
ID# _____ - _____	Dog's Name: _____
Sex: _____	Age: _____
Spay/Neutered: Yes No	
Spay/Neuter Voucher Provided: Yes No	
Heartworm test results: n/a negative positive	
STAFF/RECEPTION ADOPTION OVERSEER INITIALS * _____	
Date: _____	
<i>PLEASE COMPLETE IN ITS ENTIRETY.</i>	

DOG ADOPTION APPLICATION (Please Print Clearly & Answer all Questions.)
The Hill Country Humane Society/SPCA has the right to refuse adoption to anyone.

Applicant's name _____ Driver's License #: _____

Local Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

DESCRIPTION OF RESIDENCE: Do you Rent? _____ Own? _____

_____ House Property owner's name: _____ Phone _____

_____ Apartment How long have you lived here? _____

_____ Mobile-Home

_____ Duplex #Adults in house _____ #Children _____ Children's Ages _____

WHAT PETS DO YOU CURRENTLY HAVE IN YOUR HOUSEHOLD?

KIND	SPAY/NEUTER	KEPT WHERE?	TIME OWNED	AGE
Dog_Cat_ Yes_ No_ In_ Out_ _____ _____				
Dog_Cat_ Yes_ No_ In_ Out_ _____ _____				
Dog_Cat_ Yes_ No_ In_ Out_ _____ _____				
Other_ Yes_ No_ In_ Out_ _____ _____				

LIST PREVIOUS PETS

KIND	SPAY/NEUTER	KEPT WHERE?	TIME OWNED	WHAT HAPPENED TO PET
Dog_Cat_ Yes_ No_ In_ Out_ _____ _____				
Dog_Cat_ Yes_ No_ In_ Out_ _____ _____				

- Are you at least 18 years old? _____ Yes _____ No
- What is the name of your veterinarian? _____
- Veterinarian's address _____
- How long have you used this Vet? _____
- Who will be responsible for the daily care/feeding of this dog?

- Who will financially support this dog? _____
- Reason for wanting this dog? _____
- Where will you keep this dog? _____
- Where will you keep this dog when you TRAVEL? _____
- Do all members of this household WANT this dog? _____
- If you have young children, they need to be educated on how to interact with the dog in order to prevent dog bites, are you able/willing to do that? ___Yes ___No
- How long will you give this dog to adjust to its new home? _____
- How many hours will your dog spend alone? _____
- If you must give up this dog, what would you do with it? _____

- Would you object to a follow-up home visit by the Hill Country Humane Society/SPCA?
Yes No Best day/time: _____
 - What amount of time will the dog be inside? _____ outside? _____
 - If adopting an outside dog, do you have a doghouse? _____ Yes _____ No
 - If adopting an outside dog, do you have a fenced yard? _____ Yes _____ No
 - If adopting an outside dog, do you have a shaded area? _____ Yes _____ No
 - Do you realize that an outside dog may entertain itself by digging, chewing home items and/or escaping and wandering? _____ Yes _____ No
 - What will you do if your dog shows destructive behavior? (Digging, chewing, jumping, tearing up plants/furniture or running off)

 - Do you realize that you will probably have to housetrain your new puppy/dog?
_____ Yes _____ No
 - Would you like information on how to housetrain a new puppy or dog?
_____ Yes _____ No
 - If adopting an adult dog, how many times per day will you exercise it? 1 2 3
 - What form of exercise will you provide for your dog? _____
 - What form of **training** will you provide your dog?
 ___ Obedience class ___ Follow training books ___ Professional training ___ Home training
 - Will you have your dog **SPAYED OR NEUTERED** within the recommended time frame? (A surgical operation to prevent parenthood for animals) _____ Yes _____ No
 - Where/who will perform the surgery?

 - What type of balanced nutrition do you intend to provide for your dog?
Dog Food Brand: _____ Dry or Wet
 - Will you have this dog vaccinated annually, by a veterinarian, against infectious disease? _____ Veterinarian: _____
 - Are you familiar with heartworm disease? _____ Yes _____ No
 - Will you maintain your dog on heartworm preventative?
_____ Yes _____ No
 - Do you realize that dogs often live longer than 10 years and are you willing to assume responsibility for that long? _____ Yes _____ No
 - How will you keep the dog confined to your property? **(Check all that apply)**
 ___ House ___ Kennel ___ Fence ___ Chain ___ Patio ___ Garage ___ Leash ___ Other
 - Where did you hear about the Christ-Yoder Animal Shelter/Adoption Center - Hill Country Humane Society/SPCA Adoption Program?
 ___ Friend ___ TV ___ Newspaper ___ Relative ___ Radio ___ Billboard ___ Petfinder
 ___ Internet ___ Other
 - Have you applied to adopt from this shelter before today? _____ Yes _____ No
Date: _____ Pet Adopted? Yes No
- If yes, where is this animal now? _____

I certify the above is true and that false information may result in nullifying this adoption. The Hill Country Humane Society/SPCA has the right to refuse adoption to anyone. I understand that no animal can be held for me.

Signature _____ Date _____

Additional notes or comments: _____