



## ADOPTION APPLICATION – DOG/PUPPY

NOTE: ANYONE APPLYING FOR ANY ANIMAL THAT IS NOT SPAYED/NEUTERED MUST HAVE A CONFIRMED SPAY/NEUTER APPOINTMENT PENDING APPROVAL OF THEIR APPLICATION.

*The first step in the process of adopting a pet from the HSSM is to complete this application. The application provides important information regarding decisions on permanent and responsible “forever homes” for our animals and information submitted shall be held in strict confidence. Please provide detailed information for all questions. PLEASE NOTE: We reserve the right to accept or deny adoption to any applicant. No animal will be adopted to persons who mislead or fail to provide accurate information on the adoption application.*

Name of the pet(s) you are interested in: \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Spouse/partner/roommate name \_\_\_\_\_

Will the pet reside at the address above? (circle one) Yes No

If no, explain and provide address where pet will live. \_\_\_\_\_

### EMPLOYMENT INFORMATION

Are you currently (check all that apply): \_\_\_\_\_ Employed Full-Time \_\_\_\_\_ Employed Part-Time

\_\_\_\_\_ Unemployed \_\_\_\_\_ Retired \_\_\_\_\_ Student

\_\_\_\_\_ Other, explain: \_\_\_\_\_

If employed, name of employer \_\_\_\_\_

Job title/line of work \_\_\_\_\_ How long there? \_\_\_\_\_

Employer address \_\_\_\_\_

Employer phone \_\_\_\_\_

Spouse/partner occupation \_\_\_\_\_

## HOUSEHOLD INFORMATION

How many adults live in your home, other than yourself? \_\_\_\_\_ How many children live in your home? \_\_\_\_\_

List names and ages of all household members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are ALL members of your household aware of and in agreement with adopting a new friend? Yes No  
If no, who is not in favor and what is the nature of their concern or objection? \_\_\_\_\_  
\_\_\_\_\_

Would this be your first dog that you have owned? Yes No

## HOME INFORMATION

How long at current address? \_\_\_\_\_

If less than 2 years, provide previous address and how long there: \_\_\_\_\_  
\_\_\_\_\_

Do you have a fenced yard? Yes No

If yes, describe the type and height of fence: \_\_\_\_\_

If no, how do you plan to keep your pet on your property? \_\_\_\_\_

Will you still be able to care for this and any other current pets if your home or family situation changes  
(i.e. relocation, divorce)? Yes No

Do you OWN or RENT your home? \_\_\_\_\_ Type of home (if rent) \_\_\_\_\_

IF YOU RENT: Does your lease allow pets? Yes No Don't know

Are there any quantity, size or breed restrictions where you rent? Yes No Don't know

Name and phone of landlord (REQUIRED) \_\_\_\_\_

## ADOPTION INFORMATION

Why do you wish to adopt this pet? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Companionship                            | <input type="checkbox"/> Teach my children responsibility/to care for another creature |
| <input type="checkbox"/> Love animals, want to help a pet in need | <input type="checkbox"/> Want to breed   |
| <input type="checkbox"/> Companion for another pet                | <input type="checkbox"/> The dog is so cute just can't leave it behind                 |
| <input type="checkbox"/> Feel sorry for the animal                |  |

Gift for someone. If gift, for whom? \_\_\_\_\_

Looking for guard dog for home or property. If guard dog sought, provide details: \_\_\_\_\_  
\_\_\_\_\_

What is your preferred level of activity with the dog? (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Couch potato           | <input type="checkbox"/> Short walks           | <input type="checkbox"/> Jogging, running or hiking |
| <input type="checkbox"/> Yard play              | <input type="checkbox"/> Obedience training    | <input type="checkbox"/> Agility or field trials    |
| <input type="checkbox"/> Long or vigorous walks | <input type="checkbox"/> Mental activity games | <input type="checkbox"/> Swimming                   |
| <input type="checkbox"/> Other _____            |  |   |

What type of dog are you willing to provide a permanent home for? (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Friendly                | <input type="checkbox"/> Timid or shy             | <input type="checkbox"/> High-Energy              |
| <input type="checkbox"/> Low activity, calm      | <input type="checkbox"/> Physically challenged or | <input type="checkbox"/> Cat averse               |
| <input type="checkbox"/> Dog that needs training | handicapped                                       | <input type="checkbox"/> Need ongoing medications |
| <input type="checkbox"/> Playful                 |   | <input type="checkbox"/> Senior dog               |

Please tell us about any strong preferences you have in selecting your new dog. (check all that apply)

- |  |                                    |                                     |
|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Female                    | <input type="checkbox"/> Male      | <input type="checkbox"/> Short hair |
| <input type="checkbox"/> Non-shed, hypo-allergenic | <input type="checkbox"/> Non-groom | <input type="checkbox"/> Long hair  |

Size/weight \_\_\_\_\_ Breed \_\_\_\_\_

Age range \_\_\_\_\_ Color \_\_\_\_\_

## VET CARE

Describe what you consider routine veterinary care: \_\_\_\_\_

\_\_\_\_\_

What is your estimate of the cost of annual routine vet care for the pet you plan to adopt? \_\_\_\_\_

Who is your current or past veterinarian? (if any) \_\_\_\_\_

Phone \_\_\_\_\_

Do you give your dogs a heartworm preventative? Yes No

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

Do you give your dogs a flea/tick preventative? Yes No

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

Are your pets' vaccinations up-to-date? Yes No

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

## CURRENT AND PAST PETS

What pets do you currently have? (exclude fish)

Pet Name	Type of Animal	Age	Where Obtained	Spayed/Neutered?	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Are your current dogs licensed? Yes No

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

Do your current pets wear identification tags? Yes No

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

Tell us about the pets you have owned in the past, who are no longer with you.

Pet Name	Type of Animal	Age	Deceased?		If alive, where is it & why?
			Yes	No	
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____

Please tell us about the pet's weekly schedule as it pertains to your schedule. **Which hours during the day will your pet routinely be left alone?** (for example, if everyone is at work 8-4 on Monday, you would write 8-4 in the Monday box)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

When inside and you are home, how do you plan to keep your pet? (check all that apply)

\_\_\_ Free inside the house      \_\_\_ Confined to crate      \_\_\_ Inside closed room

\_\_\_ Other \_\_\_\_\_

When inside and you are away, how do you plan to keep your pet? (check all that apply)

Free inside the house       Confined to crate       Inside closed room  
 Other \_\_\_\_\_

When outside, how do you plan to keep your pet? (check all that apply)

Tie-out chain       Fenced yard       Patio area       Loose and unattended  
 Invisible fence       Garage       Dog run       On leash with regular walks  
 Fenced yard with doggie door to inside  
 Other \_\_\_\_\_

Where will your pet be kept during the day? \_\_\_\_\_

Where will your pet sleep at night? \_\_\_\_\_

If you decide to crate train, what is the longest amount of time your dog would be confined? \_\_\_\_\_

## TRAINING AND BEHAVIOR

How will you introduce your new pet to any existing pet? (*advice is available from HSSM*)

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

Will you take your dog or puppy to training classes?    Yes    No

If no, how do you plan to teach your dog appropriate behaviors for living with your family? \_\_\_\_\_

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

Which of the following behaviors or characteristics will be a serious problem for you?

Jumping on furniture       Shedding       Marking       Chewing on shoes/furniture  
 Housetraining       Barking/howling       Digging       Jumping on people  
 Other \_\_\_\_\_

How do you plan to handle these issues should they arise? \_\_\_\_\_

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

All dogs require exercise and different environments for their well-being and good behavior. Are you able to provide your dog with exercise?    Yes    No

If no, what is your plan for meeting your pet's needs for exercise and activity? \_\_\_\_\_

\_\_\_\_\_

## RESPONSIBILITY

Are you prepared for a 10- to 15-year commitment to a dog? Yes No

Who will be primarily responsible for the care of your new pet? \_\_\_\_\_

How old is this person? \_\_\_\_\_

When you travel, how are your pets cared for while you are gone? \_\_\_\_\_

If the pet(s) were to survive you, what would happen to them? Who would take responsibility for them?

Have you ever relinquished any of your pets to the county pound or any other facility? Yes No

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

How long will you keep the pet you plan to adopt? \_\_\_\_\_

If you move in the future, what do you plan to do with the pet? \_\_\_\_\_

What would cause you to return the pet to the HSSM at some time in the future? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Unable to housebreak the pet  | <input type="checkbox"/> Didn't "bond" with the pet, not that attached                       |
| <input type="checkbox"/> Pet chews on furniture or is destructive                            | <input type="checkbox"/> Too much energy, hard to control                                    |
| <input type="checkbox"/> Pet bites someone   | <input type="checkbox"/> Can't afford to provide what the pet needs                          |
| <input type="checkbox"/> New pet doesn't get along with existing pets                        | <input type="checkbox"/> Tire of responsibility  |
| <input type="checkbox"/> Changed my mind about caring for a pet                              | <input type="checkbox"/> Life change such as a new job                                       |
| <input type="checkbox"/> Divorce or death of spouse/partner                                  | <input type="checkbox"/> New baby, fear the dog will harm her/him                            |
| <input type="checkbox"/> Pet growls or snaps at someone                                      | <input type="checkbox"/> Find out I'm not a "dog person"                                     |
| <input type="checkbox"/> Dog proves to be too much work on top of caring for the children    | <input type="checkbox"/> Kids go away to school, adults remaining don't want to care for pet |
| <input type="checkbox"/> Pet develops serious medical condition that I can't afford to treat | <input type="checkbox"/> Change in relationship, new love interest doesn't like pet          |
| <input type="checkbox"/> Other _____   |  |

How did you hear about HSSM's adoption program? (check all that apply)

- Pet rescue group; which? \_\_\_\_\_
- Vet referral; who? \_\_\_\_\_
- Classified ad; which paper? \_\_\_\_\_
- County pound; which? \_\_\_\_\_
- Word of mouth, friend, etc.       Saw sign on street       Radio
- Foster home or volunteer       Repeat adopter       HSSM website
- Internet search       Newspaper       Internet ad
- Yellow Pages       Other \_\_\_\_\_

If you are no longer able to keep the animal you adopt, are you willing to comply with the HSSM contract, which you are required to sign, and return the pet to us?    Yes    No

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

Furthermore, do you agree that if you cannot keep the animal you adopt, you must humanely house this animal until such time as space opens up at the HSSM?    Yes    No

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

**\* I allow release of all veterinary records of the animals mentioned in this application, current and/or past, for evaluation of responsible pet ownership.**

**\* I attest that the above statements are true to the best of my knowledge. I understand that no pet will be adopted to persons who mislead or fail to provide accurate information on this application. I understand that this application is not approved until authorized by HSSM adoption counselors. The Humane Society of Southwestern Michigan reserves the right to accept or deny adoption to any applicant.**

**PLEASE NOTE: WE DO NOT OPERATE ON A "FIRST-COME, FIRST-SERVED" BASIS. ALL APPLICATIONS ARE CONSIDERED ON THEIR OWN MERITS AND BEST PLACEMENT FOR EACH ANIMAL.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

*Please be sure to read the next page thoroughly before turning in your completed application.*

# DOGS

## THE RISK INVOLVED IN ADOPTING A PET FROM A SHELTER

*The Humane Society of Southwestern Michigan is not a pet shop but an animal shelter to homeless pets or those pets that can no longer be kept by their owners. The Humane Society of Southwestern Michigan cannot guarantee the health, habits or disposition of these pets, but is most anxious to share with you as much information as is available about them for their sake and yours. Obviously, there are risks involved in adopting a pet. So that you will understand some of them beforehand, **please read the following information carefully.***

### **DISTEMPER:**

Distemper is an extremely contagious and damaging virus that is borne both in the air and on objects. A dog does not have to come in direct contact with another dog to get distemper. Unfortunately, many dogs die or are permanently damaged because their owners did not realize the need for regular distemper inoculations. Do not confuse the distemper shot with the rabies shot. The rabies shot is the shot required by the State of Michigan before you can purchase a dog license, a requirement designed to protect people from contracting rabies as a result of an animal's bite. Rabies is rare. *Distemper is not rare!* Distemper is difficult to diagnose in its early stages. An animal may be listless, suffer loss of appetite, have a discharge from the nose, have a pink tinge in the whites of its eyes and have a slight fever. Later symptoms are unmistakable, with one animal showing several symptoms and another only one or two symptoms, such as sensitivity to the touch, heavy mucus from the nose, hard food pads, eyes sensitive to light, and finally, convulsions.

### **UPPER RESPIRATORY VIRUSES:**

More prevalent than distemper is another virus, tracheal bronchitis, commonly called "kennel cough" because it is most frequently found in dogs that are housed together. Although not fatal or disabling, kennel cough can be stubborn, especially in puppies. The dog develops a croup-like cough and swollen tonsils. Your veterinarian may prescribe antibiotics to relieve the dog's discomfort, but as with all viruses, kennel cough must be overcome by the animal's natural immune system. If you have a dog at home, you should ask your veterinarian about the advisability of a preventative shot for the pet before introducing a pet from the shelter. This is particularly wise if you have an older dog.

### **PARVOVIRUS:**

Parvo is a contagious intestinal disease characterized by severe vomiting, a formless bloody and smelly stool, high fever, and dehydration. Onset of these symptoms is very sudden, but is usually preceded by the dog's acting lethargic and having a loss of appetite. The dog must be taken to a veterinarian immediately. The virus seems to strike dogs under stress, those in unfamiliar surroundings, such as shelters, kennels, or dog shows. Prime candidates seem to be puppies and older dogs that have led protected lives.

### **STATEMENT OF UNDERSTANDING**

I understand that the animal I am interested in adopting may require medical treatment that could result in significant veterinary medical bills. **I will not hold the Humane Society of Southwestern Michigan accountable for the cost of such treatment the animal may require after adoption.**

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Signature

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Date