

## Humane Society of Portage County Dog Adoption Application

A&D# _____	Description _____	Name _____
Date _____	Time _____	Agent(s) _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Agent _____ Date _____ Pick up date/time _____
Dog Seller and Facility Operator License # 268237-DS      Applications are only held for 10 days		

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone) \_\_\_\_\_  
(First, Middle Initial & Last Name)

Address \_\_\_\_\_ cell) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ work) \_\_\_\_\_

Municipality \_\_\_\_\_ Are you a student? \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

I live in a  House  Apartment  Condo  Dorm  Mobile Home

Rent  Own    Or live with  Parents  Other \_\_\_\_\_

Name of Landlord/Property Manager: \_\_\_\_\_ Phone \_\_\_\_\_

If you have lived at your current address less than 1 year, what was your previous address? \_\_\_\_\_

If you are from somewhere other than Portage County, why did you choose this shelter to adopt from?  
\_\_\_\_\_

Number of adults in the household? \_\_\_\_\_ Ages of children in the household \_\_\_\_\_

First name, middle initial, last name and date of birth of all adults in household:  
\_\_\_\_\_

**Please list current pets and pets you have owned in the past 5 years.**

Animal's Breed	Name	Age	Male/Female	Neuter/Spay	Kept Where	Still residing with you?
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you no longer have above pet(s), explain what happened \_\_\_\_\_  
\_\_\_\_\_

Name of veterinary clinic \_\_\_\_\_ Name on Account \_\_\_\_\_

Veterinary clinic phone \_\_\_\_\_

*By signing below, I certify that the information I have given is true and I recognize that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that HSPC has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. HSPC places pets in homes for companionship purposes only.*

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

# dog adopter survey



Circle the traits you would like in your new adopted pet. If you answered that you currently have dogs in question one, please skip question two. An adoption team member will review your survey and tell you what color and Canine-ality would do best in your home.

1	I have owned a dog before.	YES	NO			Currently own dog(s)
2	The last time I had a dog was...	2-10 years ago	10 years +			Not currently, but within the past year
3	My dog needs to get along with other dogs.	NO				YES
4	My dog needs to be good with: (circle all that apply)	Children over 8 years old	Children under 8 years old Elderly People			Cats Animals other than dogs and cats
5	My dog will primarily be an....	Inside dog				Outside dog
6	How many hours will your dog spend outside per day?					_____ hours
7	My dog needs to be able to be alone (per day)...	4 hours or less	8-10 hours 4-8 hours		2 hours or less	12 hours
8	When I'm at home, I want my dog to be by my side....		All of the time	Some of the time	Little of the time	
9	When I'm not at home, my dog will spend her time...	In the garage In a crate in the house	In the yard			Loose in the house Confined to one room in the house
10	I want a guard dog.	NO				YES
11	I want my dog to hunt or herd with me.	NO				YES
12	I want my dog to be the type that is very enthusiastic in the way she shows she loves people.		Not at all	Somewhat	Very	
13	I want my dog to be playful.		Not at all	Somewhat	Very	
14	I want my dog to be laid back.		Very	Somewhat	Not at all	
15	I am comfortable doing some training with my dog to improve manners such as jumping, stealing food, and pulling on the leash.		No training	Some training	A lot of training	
16	I (or my children) want to participate in Agility, Flyball or Obedience with our dog.			NO	YES	
17	I am interested in a dog with "special needs" (medical or behavioral)			NO	YES	
18	It's most important to me that my dog _____					
FOR OFFICE USE ONLY						

Office Use Only.

Color: \_\_\_\_\_