

**PARKE-VERMILLION COUNTY
HUMANE SOCIETY
PET ADOPTION CENTER**

Mailing Address: P.O. Box 155, Clinton, IN 47842
Phone: 765-492-3540 E-mail: pvchs@joink.com

ADOPTION APPLICATION FOR DOGS

<i>For office use only</i>	
Date	_____
Name of Dog	_____
Applicant	_____
Approved by	_____
Amount of deposit	_____

Thank you for your interest in our dogs available for adoption. We hope you find what you are looking for! Our animals were either strays or turned in by their owner. We will be glad to give you whatever information we know about the dog. The dogs receive an exam upon admission to the shelter and their health and behavior is monitored daily.

We want the dog to be a good match for you and your family, and to be placed in a loving home. Therefore we ask that you complete this application. The adoption counselor will call your veterinarian and landlord (if you have one) for a reference. Adopters must be a minimum of 18 years old and have a driver's license showing current address. We also request that you bring all family members to meet the dog before adoption to ensure compatibility. That can also include other pets.

Please be aware that caring for a dog takes a commitment of time, money, and patience. In return we hope you will be rewarded with the fun of owning a friendly and loving companion. It's important to note that training is the key to a well-mannered dog. Remember dogs can live for over 10 years; are you willing to include your dog in your future plans? Are you willing to pay necessary medical expenses? Should you buy a crate or an outside pen? These are things we hope you consider in your decision to adopt a friend for life!

Please fill in the blank or mark the appropriate choice(s) for your situation:

Please indicate the name of the dog you would like to adopt: _____

Why do you want a dog? _____

Have you owned a dog before? ___ Yes ___ No

Pets you currently have or have had in the past five years:

Name of Pet	Type of Animal and Breed	Indoor or Outdoor	Spayed / Neutered	Vaccinated?	Age	Still living in your home?

Do you give heartworm prevention medication to your dog(s) regularly: ___ Yes ___ No

Name and phone # of your veterinarian: _____

Do you live in: ___ House ___ Apartment ___ Condo ___ Mobile Home ___ Duplex ___ Campus Housing

Do you: ___ Own ___ Rent ___ Live with Family

Landlord's name and phone number: _____

How long have you lived at this address: _____ **OR** when is the lease up: _____

How many people live in your household: _____ Ages of the children: _____

Does anyone in the household have an allergy to animals: _____

Who will be responsible for caring for the dog: _____

Where will the dog be kept during the day: _____ At night: _____

How many hours will the dog be alone without human companionship: _____

Where will it be kept when alone: _____

Have you ever used a dog crate to confine a dog: _____

Do you have any experience house training (housebreaking) a dog: _____

What will you do if a dog soils in the house, chews furniture, or has other undesirable behavior?

How will you keep your dog confined to your property:

In House In Garage Fenced Yard (Height of Fence) _____

In Kennel Screened Porch In Barn

On Chain Leash Walked Overhead Pulley Line

By signing below, I certify that the information I have provided is correct and any misrepresentations of the facts will result in my losing my privilege of adopting an animal. I understand that this application is the property of the Parke-Vermillion County Humane Society Pet Adoption Center, and they have the right to approve or deny my request to adopt an animal.

Signature: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Please indicate the name of the dog you would like to adopt: _____