ADOPTION APPLICATION FOR DOGS

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:

<table>
<thead>
<tr>
<th>Name of Pet</th>
<th>Type of Animal and Breed</th>
<th>Indoor or Outdoor</th>
<th>Spayed / Neutered</th>
<th>Vaccinated?</th>
<th>Age</th>
<th>Still living in your home?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:  __________________________________________________________________