



## DOG ADOPTION APPLICATION

Please fill out and bring with you  
to pet introduction meeting

### Meet Your Match!

Questions designed to help YOU find the  
pet best suited to YOUR life!

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE & ZIP \_\_\_\_\_

PHONE (Day) \_\_\_\_\_

PHONE (Evening) \_\_\_\_\_

EMAIL \_\_\_\_\_

**Please bring your Driver's License with you to the meeting!**

#### YOUR HOME ENVIRONMENT:

Number of Adults in Home \_\_\_\_\_

Number of Children in Home \_\_\_\_\_

Age of Children \_\_\_\_\_

Have You Ever Given An Animal To A Shelter or To Another Person?    Yes    No

Current Animals in the Home (please include the breed and age) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do Members of Your Home Have Allergies/Asthma?    Yes    No

Do You Have a Fenced Yard/ Area For Outside Animal Play?    Yes    No

If You Move, Do You Plan To Bring Your Pet With You?    Yes    No

Type of Residence (please circle):

House                  Duplex                  Apartment                  Condo                  Mobile Home

Do You Rent or Own your Home? (If you rent, fill out Landlord Verification Form) \_\_\_\_\_

Name of Landlord & Phone \_\_\_\_\_

Length of Time at Current Address \_\_\_\_\_

Employer \_\_\_\_\_

Does Your Job Require Extensive Travel?    Yes    No

Are You Aware Of The Costs Involved With Boarding Your Animal?    Yes    No

Have You Ever Applied For An Animal With Us Before?    Yes    No

# DOG ADOPTION SURVEY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

|  |  |
|--|--|
| 1 I have owned a dog before.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently own dog(s)   |
| 2 The last time I had a dog was:   | <input type="checkbox"/> 2-10 years ago <input type="checkbox"/> > 10 years ago<br><input type="checkbox"/> Not currently, but within the last year  |
| 3 My dog needs to get along with my other dogs.  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list names, ages & breeds.   |
| 4 My dog needs to be good with:<br>(check all that apply)  | <input type="checkbox"/> Children > 8 years old <input type="checkbox"/> Children < 8 years old<br><input type="checkbox"/> Elderly <input type="checkbox"/> Cats or animals other than dogs   |
| 5 My dog will primarily be an:   | <input type="checkbox"/> Inside dog <input type="checkbox"/> Outside dog   |
| 6 How many hours will your dog spend outside per day?  | _____ hours  |
| 7 My dog needs to be able to be alone:   | <input type="checkbox"/> 4 hours or less per day <input type="checkbox"/> 8-10 hours per day<br><input type="checkbox"/> 2 hours or less per day <input type="checkbox"/> 12 hours per day   |
| 8 When I'm at home, I want my dog to be by my side:  | <input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time<br><input type="checkbox"/> Little of the time  |
| 9 When I'm not at home, my dog will spend its time:  | <input type="checkbox"/> In the garage <input type="checkbox"/> In the yard <input type="checkbox"/> In a crate in the house<br><input type="checkbox"/> Loose in the house <input type="checkbox"/> Confined to one room in the house |
| 10 I want a guard dog.   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 11 I want my dog to hunt or herd with me.  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 12 I want my dog to be the type that is very enthusiastic in the way s/he shows s/he loves people.                               | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very  |
| 13 I want my dog to be playful.  | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very  |
| 14 I want my dog to be laid back.  | <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very  |
| 15 I am comfortable doing some training with my dog to improve manners such as jumping, stealing food, and pulling on the leash. | <input type="checkbox"/> No training <input type="checkbox"/> Some training <input type="checkbox"/> A lot of training   |
| 16 I (or my children) want to participate in Agility, Flyball, or Obedience with our dog.  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 17 I am interested in a dog with "special needs" (medical or behavioral).  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 18 How much do you think you'll spend yearly for the care of your dog? (Food, medical care, boarding, toys, etc.)?               | \$ _____   |
| FOR OFFICE USE ONLY    N:    M:    L:    K:    D: 1-2-3-4-5-6-7-9-10-11-18   |  |



## Landlord Verification

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As the owner of the property at, \_\_\_\_\_

I give permission for my tenant, \_\_\_\_\_ to have a cat or dog on  
the premises.

Unrestricted \_\_\_\_\_

OR with the following restrictions:

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

Date: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_

**Hiawatha Animal Humane Society**

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651.448.0396

[www.hahumanesociety.org](http://www.hahumanesociety.org)