



The Humane Society of Charles County, Inc.

Dog Adoption Application



Please note that although adoption applications are considered in the order they are received, the pet is not automatically approved to the first request. We try to match pets and people to find the placement that works best for everyone. Additionally, we keep a list of people looking for certain types/breeds of animals and may call them before considering new requests for a particular animal. All persons living in the household should be involved in choosing a pet. The primary caretaker must approve the selection.

Dog's Name: _____ Date: _____

Your Name: _____ Co-Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Mobile #: _____

Email: _____ How did you hear about the Humane Society of Charles County? _____

Length of time at this address? _____ Is it a house? _____ townhouse? _____ or apartment? _____

Do you own your home? _____ Rent? _____ Military housing? _____ Live with parents? _____

If renting, name & phone # of landlord _____

Do you have a fenced yard? _____ Fence height? _____ Type of fencing? _____
(A fenced yard is usually required; exceptions can be made depending on the dog and specific situation).

Please tell us about your ideal dog (breed type or mix): _____

- | <u>AGE</u> | <u>ADULT SIZE</u> | <u>HAIR/COAT</u> |
|-----------------------|-----------------------------|---------------------|
| _____ 2-4 Months | _____ 0-20 Pounds (Small) | _____ Short |
| _____ 4-12 Months | _____ 20-50 Pounds (Medium) | _____ Medium |
| _____ 1-2 Years | _____ 50-100 Pounds (Large) | _____ Long |
| _____ 3-5 Years | _____ 100+ Pounds (Giant) | _____ No Preference |
| _____ 5 Years & Older | | |
| _____ No Preference | | |

ACTIVITY LEVEL:

- CALM (i.e. will require daily walks and 30 minutes of exercise daily)
- SEMI-ACTIVE (i.e. will require daily walks/fetch or playing sessions/45-60 minutes of exercise daily)
- ACTIVE (i.e. will require daily mental & physical stimulation/60-90 minutes of exercise daily)

What type(s) of exercise/activities do you want to do with this dog?

- Walks around the block/neighborhood
- Jogging daily
- Dog park visits
- Camping/hiking
- Playing with other dogs
- Playing with kids
- Obedience classes
- Playing fetch
- Watching t.v.
- Agility or flyball
- Swimming
- Exercise off-leash
- Other _____

OTHER DESIRED QUALITIES:

- Good with kids (now or in the future)
- Good with dogs
- Good with cats
- Housebroken
- Independent
- Has had some obedience training
- Other _____

What type(s) of dog behavior do you find undesirable? _____

How would you deal with these issues? _____

PLEASE TELL US ABOUT YOUR HOUSEHOLD:

Dog Experience: First time owner Have had one or two Knowledgeable & experienced

Home Atmosphere: Busy/grand central station Some activity Calm, low-key

What changes do you anticipate to your lifestyle within the next 5 to 10 years? (check all that apply)

- Having children Moving Roommate changing Job transfer
 Acquiring other pets Other _____

What will happen to the dog if you have to move? _____

Have you ever applied for or adopted an animal from this shelter? Yes _____ No _____

If yes, when? _____ What was the outcome? _____

Is anyone home during the day? _____ If yes, who? _____ When? _____

How many adults live in your home? _____ Children? _____ Age of children? _____

Where will the dog be kept? (inside, outside, chained, run line, crated, confined with a baby gate, free run of home)

During the day? _____ At night? _____

When you are not home? _____ When you are on vacation? _____

How many hours a day will the dog be alone? _____

Please list all of the animals you have owned or lived with (starting with the most recent or current):

Type & Breed of Animal (e.g., dog-Beagle, cat-Persian)	Name of Pet	Age	Sex	Spayed or Neutered? Yes or No	When did you own this pet? (e.g.,1990-1998)	Where is/was the pet housed?	Do you still own this pet? If not, what happened?

What veterinary/veterinary hospital sees and vaccinates your pets? _____

May we contact them? _____ Phone number (if known) _____

I certify that all the information provided in this application is true, and I understand that false information may void this application. I understand that the Humane Society reserves the right to decline any adoption request for any reason.

Signature _____ Date _____

(Staff use only) _____
