



DOG ADOPTION APPLICATION

Welcome to the West Suburban Humane Society. Prior to viewing the animals, we ask that you complete the front page of this form so that we may assist you in selecting the right animal for you, your family and your lifestyle. *The balance of this form will need to be completed before adoption approval.*

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: _____ Email: _____

Please indicate your age group: Under 21 21 - 40 40 - 60 Over 60

I'm interested in adopting:

- Puppy Male
- Adult Dog Female
- Size/Weight _____
- Breed _____

1. I want a dog for: Companionship Protection/Guard Dog Company for another pet Hunting
 Other: _____

2. Is this dog for yourself and family? Yes No If no, for whom? _____

3. Total members currently living in home: Total Adults: _____ Total Children _____ Ages of children: _____

4. Does the entire family want a dog? Yes No Who will be responsible for the dog's daily care and vet visits? _____

5. Do you: Rent Own **LIVE** in: House Apartment Condo Townhouse Mobile Home

It is necessary to verify pet residency requirements before an adoption can be finalized.

6. Does anyone in your household have allergies? Yes No If yes, who: _____
To what: _____

7. Hours per day on average that the dog will be alone: ____ Who will care for the dog during the day: _____

8. **WHERE** will you primarily keep your dog? In House Outside Work Basement Garage Other: _____

9. Have you attended an obedience class with your current or previous dogs? Yes No

If yes, where did you attend obedience classes? _____

VET REFERENCES ARE ALWAYS VERIFIED. IF YOUR PAST OR PRESENT DOG DOES NOT HAVE A HISTORY OF ROUTINE VET CARE, PLEASE DO NOT APPLY. ROUTINE VET CARE CAN INCLUDE A HEARTWORM TEST, HEARTWORM PREVENTION, MEDICATIONS & TESTING.

10. Who is your veterinarian? _____ Phone No.: _____
May we contact them? Yes No

11. Please list the most recent pets you have had as an adult:

a. Name: _____ Male Female Dog Cat If cat, declawed: No 2 paw 4 paw
Was it Spayed/Neutered? Yes No Age of pet when acquired _____ Length of ownership: _____
Description/Breed _____ Where is it now: _____

b. Name: _____ Male Female Dog Cat If cat, declawed: No 2 paw 4 paw
Was it Spayed/Neutered? Yes No Age of pet when acquired _____ Length of ownership: _____
Description/Breed _____ Where is it now: _____

Pet history continued on page 2

I certify that the information provided is complete and correct to the best of my knowledge. The undersigned, along with those persons accompanying me, assume any risk of injury which may be incurred as a result of viewing any animal in the custody of West Suburban Humane Society.

★ SIGNATURE: _____ Date: _____

Pet history continued

c. Name: _____ Male Female Dog Cat If cat, declawed: No 2 paw 4 paw
Was it Spayed/Neutered? Yes No Age of pet when acquired _____ Length of ownership: _____
Description/Breed _____ Where is it now: _____

d. Name: _____ Male Female Dog Cat If cat, declawed: No 2 paw 4 paw
Was it Spayed/Neutered? Yes No Age of pet when acquired _____ Length of ownership: _____
Description/Breed _____ Where is it now: _____

12. If residing in a rental unit, condo, mobile home or townhouse, please list name of complex:

Verification of landlord approval is required — List name and phone number of landlord, manager, or association:

13. How long have you lived at your current address? _____

14. Will you be moving in the near future? Yes No If yes, when and where: _____

15. If you move where pets are not allowed, what will you do with your dog?

16. What provisions will you make for your dog in the event you can no longer care for it?

17. In the event of a separation between you and your spouse, significant other, or roommate, who will keep the dog?

18. Do you have a backyard? Yes No Is the backyard fenced? Yes No

19. Describe how often and where you will exercise the dog you are adopting? _____

Financial Expectations: Please choose the statement that you agree with most.

- 20. I am concerned about the cost of pet ownership as I will need to watch my expenses.
- I have mild concerns about the expenses of owning a pet but this is not likely to have a significant impact on my budget.
- I have no concerns about the cost of owning a pet and it will have little impact on my budget.

21. **Routine Vet Care:** What do you expect for annual expenses for routine veterinary care (shots, wellness visits, heartworm prevention, sick visits)? \$ _____

22. **Emergency Vet Care:** What do you expect for annual expenses for emergency veterinary care? \$ _____

23. **Behavioral/Training Classes:** What do you expect for annual expenses for training classes? \$ _____

24. **Grooming:** What do you expect for annual expenses for grooming? \$ _____

25. **Boarding/Pet Sitting/Dog Walking:** What do you expect for annual expenses for boarding, dog walking or pet sitting?
\$ _____

26. Since most shelter animals have unknown medical backgrounds, are you prepared to take this dog for a complete veterinary exam within 14 days and provide any necessary medical treatment at your own expense? Yes No

27. Will you provide medical treatment including vaccinations and heartworm prevention? Yes No

Do you understand the importance of yearly vet exams? Yes No

28. Are you familiar with the various diseases of dogs/puppies, such as:

Heartworm Disease Yes No Kennel Cough Yes No

29. What type of balanced diet will you provide your dog? _____

30. Will you crate/cage train your dog? Yes No Need Information

31. If your dog or puppy is not housetrained, how will you train it? _____

32. How will you introduce your dog to your home and to your other pets? _____

33. How long will you allow the dog to adjust to its new home? _____
34. Which of the following behavior issues are unacceptable to you and may cause you to return this pet?
- | | | |
|--|--|--|
| <input type="checkbox"/> Takes too long to bond with you | <input type="checkbox"/> No obedience training | <input type="checkbox"/> Fearful or timid behavior |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Jumping on people | <input type="checkbox"/> Anxiety around children |
| <input type="checkbox"/> Growing/Stubborn and general bad behavior | <input type="checkbox"/> Leg lifting | <input type="checkbox"/> Resource guarding of food and/or toys |
| <input type="checkbox"/> Not housebroken | <input type="checkbox"/> Biting | <input type="checkbox"/> Mouthiness |
| <input type="checkbox"/> Getting on furniture | <input type="checkbox"/> Agression towards other animals | <input type="checkbox"/> Unpredictability with strangers in the home |
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Snapping (not biting) when told what to do |
| <input type="checkbox"/> Other _____ | | |

Most rescue dogs will exhibit some short-term behavioral issues when adapting to their new home.

EMPLOYMENT INFORMATION

YOURSELF: Employed Retired Not currently employed

Employers Name: _____

Employer Phone No. _____

Hours a day worked: _____ Position: _____

If self employed, explain business type and location: _____

If not currently employed, please explain: _____

OTHER ADULT IN HOUSEHOLD: Employed Retired Not currently employed

Employers Name: _____

Employer Phone No. _____

Hours a day worked: _____ Position: _____

If self employed, explain business type and location: _____

If not currently employed, please explain: _____

WSHS RESERVES THE RIGHT TO DENY ADOPTION TO ANYONE

- You must be at least 21 years old with **proper proof** of age.
- Current identification must show correct address and telephone number.
- All members of the household must be present.
- Adoptions may take up to 24 hours to be finalized.

IMPORTANT: You must understand that by adopting an animal from animal welfare organization, you take a certain risk. We have screened the health of each animal to the best of our ability during the time it has been under our care. However, there is always a chance that an animal is incubating a disease at the time of admission or adoption, without showing any clinical signs of illness.

For Office Use Only:

Notes:

Volunteer Name: _____ Date: _____

Volunteer Name: _____ Date: _____

Volunteer Name: _____ Date: _____

Volunteer Name: _____ Date: _____

Volunteer Name: _____ Date: _____

Interested in: _____ Date: _____

Interested in: _____ Date: _____

Adopted (name of pet): _____ Date: _____