



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 you dog? In House Outside Work Basement Garage Other:

Vet references are ALWAYS verified. If your past or present dog is not current on heartworm medications and tests, vaccinations and health exams, please do not apply.

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

10. 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: _____

11. 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:

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

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

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

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

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

17. If there is no fence, how will you assure the dog will stay home? _____

18. 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

19. Will you provide medical treatment including vaccinations annually? Yes No
Do you understand the importance of yearly vet exams? Yes No

20. Are you familiar with the various diseases of dogs/puppies, such as:
Heartworm Disease Yes No Kennel Cough Yes No

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

22. Do you understand how to train a dog to be on its best behavior? Yes No
What method will you use? _____

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

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

25. How will you prevent your dog from destructive behavior? (i.e. chewing, biting, chasing, etc.)

26. Do you plan on attending obedience classes? Yes No

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

28. How long will you allow the dog to adjust to its new home? _____

29. Would you consider returning the dog because of: Biting Allergies Move to new location Illness - yours or pets
 Other _____

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: _____

Where did you hear about West Suburban Humane Society?

Website Newspaper Friend Previous Adopter Other: _____

I certify that the information provided is complete and correct to the best of my knowledge.

Signature: _____ Date: _____

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: _____