

Dog Applying For: _____



The Salem County Humane Society's
Dog Adoption Questionnaire



Welcome to the Salem County Humane Society Adoption Program. We're glad you would like to adopt a new pet from us. The following information is requested so that we can assist you in the selection of a new pet. This form and consultation with a Humane Society representative are designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal most compatible with your lifestyle. Please return this form to a Salem County Humane Society volunteer.

In order to be considered as an adopter, you must:

Be 21 years of age or older.

Have identification showing your present address.

Own your own property. Renters will be on case by case basis (landlord information required)

Be able and willing to spend the time and money necessary to provide training, medical treatment and proper care for a pet.

Completion of this application does not guarantee adoption of a Salem County Humane Society animal. Please print information on both sides. Thank You!

Name	Age	Today's Date	
Address	City	State	Zip
Home Phone	Place of Employment & Work Phone		

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT AND I REALIZE THAT FALSE INFORMATION MAY RESULT IN NULLIFYING THIS ADOPTION.

Signature of applicant: _____

<p>Do You:</p> <p><input type="checkbox"/> Rent <input type="checkbox"/> Own</p> <p>If you rent: Landlords Name: _____</p> <p>Living Place:</p> <p><input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____</p> <p>What hours is someone usually home? _____</p> <p>How many adults in your family? _____</p> <p>How many children? _____ Children's ages: _____</p> <p>Are any members of your household allergic to animals? _____</p>	<p>Home Environment:</p> <p><input type="checkbox"/> Very active <input type="checkbox"/> Some activity</p>	<p>Dog Experience:</p> <p><input type="checkbox"/> First time owner <input type="checkbox"/> Have had one or two <input type="checkbox"/> Have had all my life</p> <p>Tel: _____</p> <p>Do You Live:</p> <p><input type="checkbox"/> In City <input type="checkbox"/> In Town <input type="checkbox"/> In the Country <input type="checkbox"/> On a Farm</p>
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<p>My dog shall live: <i>Check all that apply</i></p> <p><input type="checkbox"/> Outside only <input type="checkbox"/> Inside house only <input type="checkbox"/> Basement <input type="checkbox"/> Outside during day, inside at night <input type="checkbox"/> Outside and in garage only <input type="checkbox"/> Let roam freely</p>
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<p>I'd like to adopt a dog for: <i>Check all that apply</i></p> <p><input type="checkbox"/> Family companion <input type="checkbox"/> Child's companion <input type="checkbox"/> Protection <input type="checkbox"/> Gift for someone else <input type="checkbox"/> Hunting <input type="checkbox"/> Companion for other pet</p>	<p>Desired Characteristics:</p> <p><input type="checkbox"/> Outgoing <input type="checkbox"/> Reserved <input type="checkbox"/> Gets along with other dogs/cats <input type="checkbox"/> Affectionate</p>
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Tell Us About Your Past and Present Animals

Pet #1

Pet #2

Breed	Name	Age	Sex
How long have you owned this pet? _____			
Is the animal spayed or neutered? Y N			
Where did you get this pet? _____			
Most of the time this pet was kept:			
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both			
If no longer have, what happened to this pet? _____			

Will this pet accept a new animal in the house? Y N			

Breed	Name	Age	Sex
How long have you owned this pet? _____			
Is the animal spayed or neutered? Y N			
Where did you get this pet? _____			
Most of the time this pet was kept:			
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both			
If no longer have, what happened to this pet? _____			

Will this pet accept a new animal in the house? Y N			

Pet #3

Pet #4

Breed	Name	Age	Sex
How long have you owned this pet? _____			
Is the animal spayed or neutered? Y N			
Where did you get this pet? _____			
Most of the time this pet was kept:			
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both			
If no longer have, what happened to this pet? _____			

Will this pet accept a new animal in the house? Y N			

Breed	Name	Age	Sex
How long have you owned this pet? _____			
Is the animal spayed or neutered? Y N			
Where did you get this pet? _____			
Most of the time this pet was kept:			
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both			
If no longer have, what happened to this pet? _____			

Will this pet accept a new animal in the house? Y N			

1. Who is your veterinarian? _____ Phone: () _____ - _____
2. Will you keep the dog up-to-date on vaccinations? _____
3. If you have/had a dog, are/were they kept on heartworm preventative? _____
4. Do you know the risk of heartworms in dogs? _____
5. Will you keep this dog on heartworm preventative pills? _____
6. Do you have a: ___ Fenced Yard ___ Dog Pen ___ Runner ___ Chain
7. If you have a fence, is it: ___ Above Ground ___ Under Ground; How high is the fence? _____ Is there a gate? _____
8. If you drive a pickup truck, would you allow the dog to ride in the back? _____
9. Would you be able and willing to exercise dog on a daily basis? _____ Method? _____
10. Who will take care of the dog when you go on vacation? _____
11. If you must move, will you take the dog with you? _____
12. Have you ever adopted from us before? _____ If yes, please explain: _____
13. Have you ever brought an animal to us? _____ If yes, please explain: _____
14. Do you agree to let a representative come to your residence to check on the dog? _____
15. Are you willing to take the responsibility for this dog for the next 10 to 20 years? _____
16. Are you aware of your local ordinances for dog licensing and rabies vaccinations? _____
17. If the adopted dog is not spayed/neutered, will you get it spayed/neutered? _____
18. Since most shelter animals have unknown medical backgrounds, are you prepared to take your dog for a complete veterinary exam right away and provide any necessary medical treatment? _____

Humane Society Use Only				Volunteer Initials
Application Review:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Comments:	_____
Veterinarian Check:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Comments:	_____
House Check:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Comments:	_____
Adoption Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:	_____