

**Dog or Puppy's Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (please circle dog or puppy)

Thank you for coming to adopt a pet! We will do our best to find the right pet for you, but we need your help. If you are here to adopt a dog, please take a few moments to carefully read and complete this application. The decision to adopt a pet is an important one. In order to insure that you and your pet will be happy for years to come, we need to discuss your individual needs, the dog's personality traits, our follow-up services, and training. We strongly recommend that you make several visits to PHS and spend time with the dog(s) to familiarize yourself with the dog's personality traits prior to adoption. You must be 18 years old to apply for adoption. Before you begin your interview with an adoption counselor, please note that you:

- Must be prepared to pay an adoption fee.
- Must have one form of identification displaying your current address.
- Must provide the name and telephone number of a personal reference that we can reach on the phone during the interview process.

Please understand that we cannot guarantee the health of the dogs. We cannot guarantee that a dog has had training or is housebroken. PHS reserves the right to deny any application.

*Thank you for your patience and cooperation.*

<b><u>Adoption Fees</u></b>	
Dogs _____	<b>\$175</b>
Puppies _____	<b>\$225</b>
<b>(1 year and under)</b>	
<b>Senior-\$50 (8yrs and over)</b>	

**PERSONAL DATA**

Name					Age
Home Address		City	State	Zip	Home Phone ( )
Are You: <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Attending School <input type="checkbox"/> At Home <input type="checkbox"/> Other:					
E-Mail Address					
Employer's Name			Work Phone ( )		

**HOUSEHOLD INFORMATION**

Are there any other people (including children) living in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, please list information below:					
Name			Age								
1.											
2.											
3.											
4.											
Maximum number of hours dog will be left alone daily?						Are all adults in the household in agreement to adopting this dog? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Who will be responsible for the dog? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Roommate											
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent			Does your landlord/lease or co-op allow dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No			Landlord's Phone # ( )					
Where will the dog be kept? <input type="checkbox"/> Inside <input type="checkbox"/> Outside			Are any members of your household allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Where will the dog be when you are not at home? <input type="checkbox"/> in house <input type="checkbox"/> confined in house <input type="checkbox"/> in crate <input type="checkbox"/> outdoor kennel <input type="checkbox"/> tied outside											
<input type="checkbox"/> outside/invisible fence <input type="checkbox"/> fenced yard											

**PET INFORMATION - past and present (if none, state "none")**

List below any pets you have owned				
Type of Pet	Age	Spayed/Neutered	How long did you have the pet?	Do you still have this pet? If not, where is it?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If there are dogs or cats living with you now, are their rabies and distemper vaccines current?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterinarian's Name		Address		Phone # ( )
Do you agree to bring all dog(s) living with you now to PHS to meet the adoptive dog?				<input type="checkbox"/> Yes <input type="checkbox"/> No

**PHONE REFERENCES (Not living with you, but can be reached by telephone during interview.)**

Reference Name	Address	City, State	Phone #
1.			( )
2.			( )

**YOU AND PHS**

Have you applied to adopt from PHS before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	
How did you hear about our adoption service? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Other			
I would like to: <input type="checkbox"/> become a member of PHS <input type="checkbox"/> volunteer at PHS			

**PREFERENCES**

**I like dogs that are**

- small  medium  large  doesn't matter

**The breeds or mixes I like best are:**

\_\_\_\_\_

**I prefer a**  male  female

**Please describe the temperament and activity level you are looking for in a dog. Check all that apply.**

- high energy  medium energy  low energy  mellow  
 outdoor dog  affectionate  lap dog  quiet

**When it comes to relating to dogs, I tend to be more**

- structured, demanding, a real leader (the dog must sit for a cookie)  
 lenient, easily coerced by the dog (the dog looks cute, so he/she gets the treat without performing the sit)

**Someone in my home is nervous or afraid of dogs**

- very (e.g. bitten before)  moderately  
 some (no experience with dogs)  not afraid

**I have**  indoor cat(s)  in/out cat(s)  dog(s)  other pets \_\_\_\_\_

**The noise/activity level in my home is usually**

- low  medium  high

**When it comes to keeping a clean and tidy house, I am**

- very particular  particular  easy going

**When it comes to a dog lying/sleeping on the bed or furniture I**

- would allow  would not allow  don't care

**I need a dog that will tolerate being alone \_\_\_\_\_ hours a day.**

**I would enjoy brushing or grooming my dog**

- rarely  occasionally  daily  weekly  monthly

**I would enjoy taking my dog in the car**

- frequently  once in awhile  not important to me

**Have you ever housetrained a dog before?**  yes  no

**What are your feelings about crating?**

- approve  disapprove  not sure

**It may take 2 months for an adopted dog to adjust to a new household.**

**Will you seek professional dog training assistance if your adopted dog requires it?**

- yes  no

**EXERCISE**

**I prefer a dog that**

- will enjoy walking with me on leash  
 will enjoy walking with me on leash or off leash  
 will run, jog or hike with me  
 will exercise him/herself in our yard  
 requires only enough exercise to do his/her "business"

**I currently have**

- a fenced in yard  a dog run line  a stationary tie-out  
 invisible fence  an outdoor kennel

**GENERAL**

**My ideal dog would possess these qualities:**

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

**Bad dog habits that I can't tolerate or live with are:**

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

**Please tell us anything special about the type of dog you are looking for:**

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

\* I understand that any false or withholding of information requested could result in denial of my adoption application.

**I hereby authorize PHS to verify the information provided and authorize my veterinarian to release information regarding my past and present pets.**

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*