

# PHS

# DOG Adoption Application

**Dog or Puppy's Name** \_\_\_\_\_

*(please circle dog or puppy)*

**\*\*Please understand that we do not adopt out on a first come first basis. The Best home for the dog will be approved.\*\***

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.*

### Adoption Fees

Dogs	\$240
Puppies	\$275
<i>(1 year and under)</i>	
<b>Senior-\$100 (8yrs over)</b>	

### PERSONAL DATA

Name				
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 of children			
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. Will he be with the family Including pets you have now _____? Or kept apart in a separate room _____?				

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

List below any pets you have owned				
Name and 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 & listed under what last 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				

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