

DOOR COUNTY HUMANE SOCIETY
 3475 Park Drive (County Road PD), Sturgeon Bay WI 54235
 Phone: 920.746.1111 Fax: 920.746.4681

Adoption Application for (dog) (cat) _____

Your Name (first, middle, last)	Maiden Name	Date of Birth
Partner's Name	Maiden Name	Date of Birth
Street Address	Mail Address (if different)	
City, State, Zip	City, State, Zip	
Home Phone ()day ()evening	Work Phone ()day ()evening	
Drivers License Number	E-mail address	
Your Occupation	Company	
Is this your first cat/dog? Y N	Is Your Family: Very active () Moderately Active () Not Very Active () Quiet ()	
1. Do you () own or ()rent? What type? ()Apartment ()Condo ()House ()Trailer If you rent, please provide landlord's name: _____ Landlord's phone number: _____ Please bring a copy of your lease prior to adoption.		
2. In the event you need to move/relocate are you willing to find a home that will allow you to bring this animal with you? ()Yes ()No Are or will you be moving in the near future? ()Yes ()No If yes, when? _____		
3. My reason for adopting this animal is: (check all that apply) ()Companion () For children ()Gift ()Guard ()Hunting () Other _____ () Barn cat () Mouser () Companion for other animal		
4. Is there any member of your household that has allergies to any animals? ()Yes ()No If yes, to what type(s): _____ Are they on any medications for their allergies? ()Yes ()No If no, are you willing to spend money on allergy shots or medication? ()Yes ()No		
5. I share my home with _____ adults and _____ children. Ages of children: _____ ()I have children that visit or live next door. Ages: _____		
6. Who will be responsible for the care of this animal? ()Myself ()Partner ()Both ()Children ()All		
7. This animal will be left alone for _____ hours per day.		
8. Are you a frequent traveler? ()Yes ()No If yes, where will the animal stay while you're away? _____		
9. Where primarily will the animal live? ()Inside ()Outside		
10. When animal is inside they will be: (check all that apply) ()Crated () Room ()Basement ()Loose ()Tied When animal is outside they will be: (check all that apply) ()Fenced yard ()Invisible fence ()Tied ()Runner ()Walked ()Loose ()Supervised loose		

11. CURRENT/PREVIOUS ANIMALS: Please list pets you had or lived with in the past ten years:					
Name	Breed or Type	Age	Sex	Spayed/ Neutered	Where is the animal now?
Veterinarian & Phone #:					
Vet & Phone #:					
Vet & Phone #:					
12. Have you or your partner ever surrendered or returned an animal to a shelter before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please briefly explain why:					
13. Have you or your partner ever given an animal away to another person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please briefly explain why:					

Skip to question 15 if adopting a dog/puppy.

14. Do you know how to train a cat to use a scratching post? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you thinking about declawing? <input type="checkbox"/> Yes <input type="checkbox"/> No

Skip to question 17 if adopting a cat/kitten.

15. Do you know how to house-train a dog/puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you know about crate training a dog/puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you planning on attending an obedience class with your new dog/puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are you willing to take a minimum of 1-2 months to house-train, and allow the animal time to adjust to a new home with a new routine, people, and other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No

17. Please list two **non-related** references:

1. Name	Relationship	Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening
DCHS Call Log		
2. Name	Relationship	Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening
DCHS Call Log		

18. Please list one reference at work:

1. Name	Relationship	Phone <input type="checkbox"/> Day <input type="checkbox"/> Evening
DCHS Call Log		

19. How did you hear about our shelter? <input type="checkbox"/> Adopted Before <input type="checkbox"/> Television-please specify _____ <input type="checkbox"/> Petsmart <input type="checkbox"/> Special Event <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> Web site-please specify _____ <input type="checkbox"/> Newspaper-please specify _____ <input type="checkbox"/> Other _____
For the purpose of adopting an animal, the undersigned certifies that the above statements are true and complete, authorizes Door County Humane Society, or its agents, to verify any information given, to obtain any past medical information from the veterinarian concerning current or previous animals. Door County Humane Society reserves the right to: determine whether a given animal is suitable to the person, family, or lifestyle; to deny any adoption in the best interest of the animal.

Signature: _____ Date: _____

DCHS Associate: _____ Date: _____