

## HEARTLAND ANIMAL SHELTER DOG ADOPTION APPLICATION

**Before you begin:** In order for your application to be considered, you must (1) be 21 or older; (2) have the consent of all adults living in your household; (3) have a valid ID with current address; and (4) have a current lease or landlord's name and phone number. Heartland Animal Shelter reserves the right to approve or deny your application; decisions are made with the best interests of the animals in mind but should not be construed as a negative reflection on the applicant.

Today's Date: \_\_\_\_\_ Dog's Name \_\_\_\_\_ Adoption Counselor's Name \_\_\_\_\_

Print Your Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency pet return contact \_\_\_\_\_ Phone# \_\_\_\_\_

Your veterinarian's name \_\_\_\_\_ & Phone# \_\_\_\_\_

Where do you live? *House Apartment Condo Mobile home Military base Dorm With parent*

Do you: Own \_\_\_ Rent \_\_\_ Landlord's name & Phone No. \_\_\_\_\_

How did you learn about Heartland Animal Shelter? \_\_\_\_\_

**About your family:**

Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_ Their ages \_\_\_\_\_

Who will have feeding responsibility? \_\_\_\_\_ Training responsibility? \_\_\_\_\_

Why are you seeking to adopt a dog? (Circle all that apply) *Companion for adults Gift*

*Companion for another pet Guard or watch dog Companion for children*

What other pets have you owned in the last five years?

Pet's Name	Type/Breed	Kept Where?	Current Age	Gender	Spayed/Neutered?	What happened to pet?
				M F	Yes No	
				M F	Yes No	
				M F	Yes No	
				M F	Yes No	
				M F	Yes No	

When was your pet's last visit to the vet? \_\_\_\_\_ Purpose: \_\_\_\_\_

Is anyone in your house allergic to dogs? \_\_\_\_\_

If you move, what will you do with your pet(s)? \_\_\_\_\_

Under what circumstances would you not keep the dog? \_\_\_\_\_

What times would be convenient for a follow-up home visit? \_\_\_\_\_

**Pet Care:**

How much do you plan to spend annually to feed, vaccinate, license, and provide medical care for your new dog?

\$50 \_\_\_\_\_, \$50-\$100 \_\_\_\_\_, \$100-\$150 \_\_\_\_\_, Over \$200 \_\_\_\_\_

This pet will be without human companionship for about \_\_\_\_\_ hours per day, \_\_\_\_\_ days per week.

Where will the dog be kept during the day? \_\_\_\_\_ In the evening? \_\_\_\_\_

If adopting a puppy, how do you plan to housebreak? \_\_\_\_\_

How do you plan to address behavioral problems such as:

Barking? \_\_\_\_\_

Chewing or other destructive behavior? \_\_\_\_\_

Digging? \_\_\_\_\_

Growling, snapping, guarding, or other aggressive behavior? \_\_\_\_\_

Do you plan to take your dog to training classes? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

What type of identification do you plan to place on your dog? \_\_\_\_\_

Dogs can take up to a month to adjust to their new homes, particularly if other pets are involved. Are you willing to devote this much time? \_\_\_\_\_

Occasionally a dog is released prior to being spayed or neutered because of medical reasons. Do you agree to return your pet to Heartland at the scheduled date and time for the spay/neuter procedure? \_\_\_\_\_

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*By signing below, I recognize that this application is the property of Heartland Animal Shelter. I certify that the information I have given is true and correct. I understand that false information can result in the denial of this adoption. I authorize Heartland Animal Shelter to investigate the statements on this application, and further understand that Heartland has the right to deny this application for any reason.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**FOR STAFF USE ONLY**

ID # \_\_\_\_\_ Dog's Name \_\_\_\_\_ Age \_\_\_\_\_

Adoption Counselor \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scheduled pick-up date \_\_\_\_\_ Date picked up \_\_\_\_\_

If needed, appt. date and time for spay/neuter procedure: \_\_\_\_\_

Staff Adoption Approval Signature \_\_\_\_\_