



# Dodge County Humane Society, Inc.

a 501(c)(3) not for profit organization

Tel: (920) 386-0000 • Fax: (920) 386-9770 • N6839 State Road 26, Juneau, WI 53039 • www.dchs-wi.org

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

Which type of animal are you applying for:  Dog  Cat

Which animal have you chosen? First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

*\*DCHS often has more than one application for a particular animal. Please keep in mind that our goal is to match you with a loving, lifelong pet, in a situation where all those affected – both human and animal – will be happy. If you do not receive your first choice pet, it's because another home was a better match for that particular pet's unique needs. Please choose another of the wonderful pets we have to offer!*

## YOUR INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse or Roommate's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code/Primary Phone: (\_\_\_\_) \_\_\_\_\_ Area Code/Secondary Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Have you ever adopted from DCHS or Shelter before?  YES  NO If yes, when & what? \_\_\_\_\_

Are you over 18?  YES  NO

When you are not home, where will your pet be kept? \_\_\_\_\_

How long are you gone during working hours (day or night)? Self \_\_\_\_\_ Spouse/Roommate \_\_\_\_\_

How many adults live in your home? \_\_\_\_\_ Children? \_\_\_\_\_ Children's Ages \_\_\_\_\_

Do you live in a  House  Apartment  Condo  Dorm  Mobile Home

Do you own the property at the address above?  YES  NO

If you rent, please print the landlord's name & phone number: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide the name & phone number of any veterinarian that you have used in the past 5 years.

Veterinary Clinic: \_\_\_\_\_ Area Code/Phone: (\_\_\_\_) \_\_\_\_\_

Pet owners' names listed on account at Veterinary Clinic: \_\_\_\_\_

**CURRENT PET INFORMATION:** Please list current and other pets you have owned in the past five (5) years.

Are all of your animals up-to-date on rabies and distemper vaccinations?  YES  NO  Unsure

| <u>Breed of Animal</u> | <u>Pet's Name</u> | <u>M/F</u> | <u>Spay/Neuter</u> |    | <u>Kept Where?</u> |     | <u>Age</u> | <u>Still Have?</u> |    | <u>Why Not?</u> |
|------------------------|-------------------|------------|--------------------|----|--------------------|-----|------------|--------------------|----|-----------------|
| _____                  | _____             | M F        | Yes                | No | IN                 | OUT | ___        | Yes                | No | _____           |
| _____                  | _____             | M F        | Yes                | No | IN                 | OUT | ___        | Yes                | No | _____           |
| _____                  | _____             | M F        | Yes                | No | IN                 | OUT | ___        | Yes                | No | _____           |
| _____                  | _____             | M F        | Yes                | No | IN                 | OUT | ___        | Yes                | No | _____           |

### ADOPTION POLICIES

(Please initial each item to acknowledge)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I agree to have all members of the household meet the animal prior to adoption and approval of my application. |
| <input type="checkbox"/> | I certify & understand that it is a <b>REQUIREMENT</b> that my current pets have a current rabies vaccination. |

### INFORMATION ABOUT YOUR PET WITHIN THE HOUSEHOLD

Do you have a fenced in yard? \_\_\_\_\_

Most shelter dogs have unknown housetraining history. How do you plan to housetrain your new dog? \_\_\_\_\_

What will happen to your pet if you move? \_\_\_\_\_

Have you ever surrendered or given up a pet before?  YES  NO If yes, please explain \_\_\_\_\_

Do you keep identification tags on your pet(s) at all times?  YES  NO Comment: \_\_\_\_\_

### INFORMATION ABOUT YOUR NEW PET

The average pet's lifespan is 10 or more years. Are you willing to commit yourself to this animal for its entire life?

YES  NO

If the dog became seriously ill, would you be able to care for it financially?  YES  NO

Please discuss your method of training. For example, Obedience Classes, etc. \_\_\_\_\_

Will this dog be kept indoors or outdoors?  IN  OUT

### MULTIPLE DOG HOUSEHOLDS

How do you plan to introduce the new dog into the household? \_\_\_\_\_

**Microchip:** Microchip is NOT included in dog adoption fees. Your dog can be chipped for just \$10. If you do not know what a microchip is, or the benefits of one, please ask a staff member.

Would you like to microchip your dog?  YES  NO

**ALL APPLICANTS – EMERGENCY CONTACT INFORMATION**

Please provide us with the name and telephone number of an emergency contact in case your new pet becomes lost. This person should be someone not living in your household.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please initial each statement, acknowledging that you have read each carefully:

|  |   |
|--|---|
|  | I agree to provide all my animals with sufficient food, water and proper shelter at all times.  |
|  | I will return the animal to The Dodge County Humane Society, Inc. if I can no longer care for the animal or keep it. All pet adoptions are given a 30 day period during which time you may return the pet for a refund. Surrenders after the 30 day period may be subject to a surrender fee. |

**BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS APPLICATION.**

|                   |              |
|-------------------|--------------|
| <b>APPLICANT:</b> | <b>DATE:</b> |
| <b>APPLICANT:</b> | <b>DATE:</b> |

**\*\* FOR HUMANE SOCIETY USE ONLY \*\***

Which DCHS Staff Member Assisted today? \_\_\_\_\_

**STAFF/MANAGER COMMENTS:**

\_\_\_\_\_

|                                  |  |
|----------------------------------|--|
| <b>Homeowner Verification</b>    | Date: _____ Staff Member: _____  |
| <b>Landlord Verification</b>     | Yes: _____ No: _____ Staff Member: _____   |
| <b>Left Message for Landlord</b> | Date: _____ Time: _____ Date: _____ Time: _____<br>Staff Member: _____ Staff Member: _____ |
| <b>Vet Check By: _____</b>       | Date: _____<br>Animals Altered: YES _____ NO _____ Rabies Vaccinations: YES _____ NO _____ |
| <b>Approved</b>                  | <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Manager: _____        |