



FOR OFFICE USE ONLY	
Date	Accepted by
Hold #	HV
Intake#	Age
Name	Color
Breed	S/N
Sex	Fee

Humane Society Savannah/Chatham

Application for Dog/Puppy Adoption

In order to be considered as an applicant for adoption of an animal, **you must be 18 years of age** to complete the adoption application. IF A QUESTION DOES NOT APPLY TO YOUR SITUATION, PLEASE WRITE N/A. **Application will not be processed if all questions are not answered.**

Name _____ Age _____ Spouse's Name _____ Age _____

Other members of household names and ages _____

Email Address is needed for Free Pet Insurance _____

Street Address _____ City _____ State _____ Zip _____ Apt _____

Mailing P.O.Box _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Drivers License/ID # _____ State _____ (required info)

Is any member of the household in the military? _____ If yes, there is an additional application

Is any member of the household in college? _____ If yes, there is an additional application

Do you...

Own Rent Live with Parents Live on base

Type of Housing

Condo/Townhome Mobile Home House Apartment Business

Do you have a fully fenced yard? _____ If yes, type ? _____ Height? _____

Name of Residence (ie:apartment complex/association) _____

Landlord name and number _____

How long have you lived here? _____ Do you plan on moving? _____ When? _____

Comments: _____

Just in Case

If you could not take care of your pet, who would be willing to care for you pet **other than members of your household?** Please list name and phone number. _____

What arrangements will you make for your pet when you travel? _____

Do you understand that it may take as long as six months for your new pet to adapt to your home? _____

Under what circumstances would you consider giving away or returning a pet? (Examples: new baby, job loss, divorce, moving, fleas, deployment, etc) _____

Do you know how to housetrain a pet?(give examples)_____

How do you plan to handle any problem behaviors, such as digging or scratching? _____

Please estimate yearly expenses for this pet. _____

There is a good possibility this pet may become sick after leaving the shelter. Do you understand and agree that it is your responsibility, including costs, to treat the animal? _____

Hopes and Expectations

Tells us what you are looking for in a companion pet. (check all that apply)

Size	Coat	Age	Sex
<input type="checkbox"/> 5-25 lbs	<input type="checkbox"/> short	<input type="checkbox"/> 8-16 wks	<input type="checkbox"/> male
<input type="checkbox"/> 20-50 lbs	<input type="checkbox"/> medium	<input type="checkbox"/> 4-12 months	<input type="checkbox"/> female
<input type="checkbox"/> 50-100 lbs	<input type="checkbox"/> long	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> no preference
<input type="checkbox"/> 100 lb giant	<input type="checkbox"/> no preference	<input type="checkbox"/> mature	
		<input type="checkbox"/> no preference	

Training	Activity Level	Any that apply	Breed/Type
<input type="checkbox"/> has none	<input type="checkbox"/> low-couch potato	<input type="checkbox"/> low grooming	_____
<input type="checkbox"/> housebroken	<input type="checkbox"/> medium- walks and play	<input type="checkbox"/> grooming monthly	_____
<input type="checkbox"/> has some obedience	<input type="checkbox"/> high- jogging etc.	<input type="checkbox"/> grooming weekly	_____
<input type="checkbox"/> fully trained		<input type="checkbox"/> grooming daily	_____
<input type="checkbox"/> willing to train myself			

YOU AND YOUR HOUSEHOLD

Pet Experience	Time away from home	Household activity	Home atmosphere
<input type="checkbox"/> 1 st time pet owner	<input type="checkbox"/> Home all day	<input type="checkbox"/> Quiet	<input type="checkbox"/> Grand Central station
<input type="checkbox"/> 1 st time pet owner (had pets as child)	<input type="checkbox"/> Gone 1-4 hours daily	<input type="checkbox"/> Active	<input type="checkbox"/> Some activity
<input type="checkbox"/> have had 1 or 2	<input type="checkbox"/> Gone 4-7 hours daily	<input type="checkbox"/> Very Active	<input type="checkbox"/> Quiet
<input type="checkbox"/> very experienced	<input type="checkbox"/> Gone 8-10 hours daily		
	<input type="checkbox"/> Gone more than 10 hours		

Member(s) of my family are allergic to animals. Who?_____ Type of animal?_____

Where will your pet spend his/her time?

As a puppy where will the pet be kept while **alone during the day**?_____ **At night**?_____

As an adult, where will the pet be kept while **alone during the day**?_____ **At night**?_____

Where will the pet be kept **while you are home**?_____

Do you have a doggy door?_____ Will the pet be outside when you are not home?_____

Do you have any objections to the Humane Society visiting your home? YES NO

Is the pet you are adopting a gift? YES NO For Whom?_____

Are you considering altering this animal, i.e. declawing, ear cropping, tail docking?_____

Have you personally been responsible for a pet before?_____ Type_____ How long ago?_____

Please explain what you know of heartworm preventative and the frequency of which it is used. _____

Current Pets (list only pets that are in your home)

Type _____	Type _____	Type _____	Type _____	Type _____
Name _____	Name _____	Name _____	Name _____	Name _____
Age _____	Age _____	Age _____	Age _____	Age _____
Sex _____	Sex _____	Sex _____	Sex _____	Sex _____
_ spayed/neutered	_ spayed/neutered	_ spayed/neutered	_ spayed/neutered	_ spayed/neutered
_ lives inside	_ lives inside	_ lives inside	_ lives inside	_ lives inside
_ lives outside	_ lives outside	_ lives outside	_ lives outside	_ lives outside
How long have you	How long have you	How long have you	How long have you	How long have you
Owned _____	owned _____	owned _____	owned _____	owned _____

Name of veterinarian that cares for your pets _____ City _____ phone# _____
Whose name are vet records under? _____ last visit? _____
What type of heartworm and flea preventative do you use? _____

Previous Pets –within the last 5 years (not currently living with you)

Name _____	Age _____	Breed _____	Last year in your care _____	Reason no longer own _____
Name _____	Age _____	Breed _____	Last year in your care _____	Reason no longer own _____
Name _____	Age _____	Breed _____	Last year in your care _____	Reason no longer own _____
Name _____	Age _____	Breed _____	Last year in your care _____	Reason no longer own _____
Name _____	Age _____	Breed _____	Last year in your care _____	Reason no longer own _____

Name of Veterinarian that cared for previous pets _____ City _____ phone# _____
Whose name are vet records under? _____

____ I give the Humane Society of Savannah permission to contact my Veterinarian for a reference on my past and current pet history.

Have you ever adopted or applied to adopt an animal at this Humane Society before? _____ if yes, when? _____

Have you ever surrendered or given away a pet before? _____

PLEASE READ

All applications will be for review for a minimum of 24 hours. Some application may take longer to process, and some adoptions do require a home visit prior to approval. The Humane Society of Savannah Chatham reserves the right to approve or deny each application according to both the standards set by our Board of Directors and by the legal system. Please keep in mind that adoption is a lifetime commitment. Submitting an application does not guarantee you will be able to adopt.

PLEASE SIGN

I hereby certify that all information in this adoption application is true and complete to the best of my knowledge. I understand that the Humane Society has the right to approve or deny this application based on its policies. I also give permission for shelter personnel to contact all veterinarians to confirm health/vaccination records. I also understand that if the application is not filled out completely, it will not be processed.

Signature _____ Date _____

Print _____