

Humane Society of the Palouse Canine Pre-Adoption Application



In order to be considered for adoption you must: **1)** Be 18 years of age **2)** have a valid id and proof of current address **3)** understand that completing this application does not guarantee adoption or that the Humane Society of the Palouse has approved your application.

**WE RESERVE THE RIGHT TO DENY ANY ADOPTION WE FEEL UNSUITABLE.**

<b>Dog information:</b>	<b>HSOP #</b> _____
Dog name:	_____
Sex:	Breed: _____
Age:	Description: _____
_____	
_____	

**Household information:** Please print all information

Adopter(s) \_\_\_\_\_

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

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: Primary \_\_\_\_\_ Work \_\_\_\_\_

E-mail: \_\_\_\_\_

Housing (circle all that apply): own / rent / live with parents  
house/ condo / apt / mobile on leased land/mobile on owned land

Landlord name: \_\_\_\_\_ phone #: \_\_\_\_\_

If not homeowner, do you know the rules regarding pets? \_\_\_\_\_ Do you have permission for a pet? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Do you have roommates? \_\_\_\_\_

Are there children living at this address? \_\_\_\_\_ If yes, what are their ages \_\_\_\_\_

Are you planning on moving in the near future? \_\_\_\_\_ If at some time you do move, what will you do with your pet \_\_\_\_\_

If you are a foreign student and you will be returning to your home country, do you plan on taking the pet with you? \_\_\_\_\_

Are you familiar with the laws pertaining to transporting an animal to another country? \_\_\_\_\_

What do you plan to do with your dog when you are traveling and leaving your dog behind? \_\_\_\_\_

Why do you want to adopt a dog? Companion for a person \_\_\_\_\_ If yes what age? \_\_\_\_\_  
Companion for another animal \_\_\_\_\_ Protection \_\_\_\_\_  
Jogging/walking buddy \_\_\_\_\_ Hunting \_\_\_\_\_ Couch warmer \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ Fenced on all sides? \_\_\_\_\_ How tall is the fence? \_\_\_\_\_

Does the fence share a side with your neighbors? \_\_\_\_\_ What is the fence made out of? \_\_\_\_\_

If you don't have a fence how will you keep your new dog confined to your property \_\_\_\_\_

If using a chain or a tie out how many hours of the day will the dog be on it? \_\_\_\_\_

If you don't have a fence yard how will you exercise your new dog? \_\_\_\_\_

How often and for how long will you exercise your new dog? \_\_\_\_\_

Where will your new dog spend its days? (Circle all that apply) Indoor / Outdoor / Basement / Kitchen  
Garage / Porch / Shut in room/Crate

Where will your new dog spend its nights? (Circle all that apply) Indoor / Outdoor / Basement / Kitchen  
Garage/Porch / Shut in room/Crate

Are you familiar with trimming dog's claws? \_\_\_\_\_ Would you like to learn? \_\_\_\_\_

Are you willing to provide toys and raw hide chews to prevent problem chewing? \_\_\_\_\_

Have you crate trained in the past? \_\_\_\_\_ Are you willing to learn? \_\_\_\_\_

Have you housetrained a dog before? \_\_\_\_\_

Do you own any animals now? \_\_\_\_\_ Are there other pets in your home that you do not own? \_\_\_\_\_

Are there any pocket pets? \_\_\_\_\_ If yes what type \_\_\_\_\_

Please list all pets in residence Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Fixed: \_\_\_\_\_ Age: \_\_\_\_\_

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Who is your veterinarian? \_\_\_\_\_ Phone #: \_\_\_\_\_

We may contact your veterinarian for a reference if the dog you are adopting requires extra medical care

Have you gotten rid of any animals within the last year? \_\_\_\_\_ Have you had any animals pass away for other than medical reasons? \_\_\_\_\_ Please describe circumstances \_\_\_\_\_

Have you considered the extra expense that will come with having a new pet? \_\_\_\_\_ It will cost you approximately \$1000 per year for food, vaccinations, and licensing alone; medical costs may be even more.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS APPLICATION AND AGREE THAT ALL INFORMATION THAT HAS BEEN PROVIDED BY MYSELF, THE ADOPTER, IS TRUE.**

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

**If you could please answer the following questions that would be greatly appreciated**

How did you hear about The Humane Society of the Palouse? \_\_\_\_\_

Have you adopted from our facility before? \_\_\_\_\_

Would you like to sign up for our quarterly newsletter? \_\_\_\_\_

*Includes updates on our shelter, animals, and life-saving efforts emailed to you in January, April, July, and October.*

Application reviewed by \_\_\_\_\_ Date \_\_\_\_\_