



HUMANE SOCIETY OF THE DESERT DOG ADOPTION APPLICATION

"RESCUE, HEAL, PROTECT AND ADOPT FOR LIFE"

ADOPTEE INFORMATION:

NAME: _____ BREED: _____ AGE: _____ GENDER: _____

ADOPTER INFORMATION:

NAME: _____ PHONE: _____ CELL: _____

ADDRESS: _____

DRIVERS LICENSE # _____ STATE: _____

DO YOU OWN YOUR OWN HOME? _____ DO YOU RENT? _____

IF YES, LANDLORD'S NAME AND PHONE # _____

OCCUPATION: _____ EMPLOYER: _____ WORK PHONE _____

PLEASE IDENTIFY OTHER PETS IN YOUR HOUSEHOLD: _____

ARE THEY SPAYED/NEUTERED? _____ IF NOT, PLEASE EXPLAIN WHY: _____

PLEASE LIST PREVIOUS PETS & WHAT HAPPENED TO THEM (DIED OF OLD AGE, LOST, GIVEN AWAY, STOLEN):

HAVE YOU EVER TURNED IN AN ANIMAL, OTHER THAN A STRAY, TO A SHELTER? _____ IF SO, EXPLAIN WHY:

HAVE YOU EVER ADOPTED FROM THE HUMANE SOCIETY OF DESERT/ORPHAN PET OASIS BEFORE: _____

IF SO, WHEN AND WHAT HAPPENED TO THE ANIMAL? _____

HOW MANY CHILDREN LIVE IN YOUR HOME? _____ LIST AGES: _____

IS SOMEONE HOME DURING THE DAY? _____ DURING WHAT HOURS? _____

IF EMPLOYED, DO YOU ANTICIPATE A TRANSFER OUT OF STATE? _____ WOULD YOU TAKE THIS DOG WITH

YOU? _____

WHAT PROVISIONS WILL YOU MAKE FOR THIS DOG SHOULD YOU BECOME UNABLE TO CARE FOR IT? _____

NAME OF PRESENT VETERINARIAN: _____

WHY DO YOU WANT TO ADOPT THIS DOG: _____

DO YOU UNDERSTAND THAT THERE MAY BE AN ADJUSTMENT PERIOD BEFORE THIS DOG FORMS A RELATIONSHIP WITH YOUR AND/OR YOUR FAMILY? _____

DO YOU UNDERSTAND ADJUSTMENTS INCLUDE HOUSE TRAINING, AND ACCLAMATION TO A NEW ENVIRONMENT? _____

DO YOU UNDERSTAND THAT RESCUES MAY HAVE BEHAVIORAL PROBLEMS THAT CAN BE RECTIFIED THRU DAILY EXERCISE, DISCIPLINE AND AFFECTION (IN THAT ORDER?) _____

DO YOU HAVE A FENCED YARD? _____ FENCE HEIGHT: _____ WHERE WILL THE DOG SLEEP? _____

WHERE WILL THE DOG STAY WHEN YOU ARE AWAY DURING THE DAY? _____

HOW MANY HOURS DURING THE DAY WILL THE DOG BE WITHOUT HUMAN COMPANIONSHIP? _____

DO YOU HAVE A POOL? _____ IS IT FENCED? _____

UNDER WHICH CIRCUMSTANCES, IF ANY, WOULD YOU GIVE UP THIS DOG? NONE OF THE BELOW _____
NEW BABY _____ ALLERGIES _____ FINANCIAL _____ ILLNESS OF PET _____ BEHAVIORAL PROBLEMS _____

DOES ANY PERSON LIVING IN THE HOME HAVE PET ALLERGIES? _____

IF YOU TRAVEL, WHO WILL TAKE CARE OF THE DOG? _____

ARE YOU PREPARED FOR VETINARY EXPENSES, SUCH AS EMERGENCY MEDICAL CARE, THAT MAY OCCUR WHEN OWNING A PET? _____

ARE YOU AWARE THAT A REPRESENTATIVE FROM THE HUMANE SOCIETY OF THE DESET MAY VISIT YOUR HOME AFTER ADOPTION FOR VERIFICATION OF SAFE LIVING CONDITIONS AND A LOVING ENVIRONMENT? (WITHIN 60 DAYS AFTER ADOPTION DATE?) _____

ANY FALSE INFORMATION GIVEN ON THIS APPLICATION WILL RESULT IN A "VOIDED" APPLICATION AND ADOPTION.

I CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS HONESTLY AND TO THE BEST OF MY ABILITY.

APPLICANT SIGNATURE: _____ DATE: _____

ADOPTION APPROVAL SIGNATURE: _____ DATE: _____