Animal Name:
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## **Dog Adoption Form**

## HUMANE SOCIETY OF NORTH IOWA 2700 South Birch Drive Mason City. IA 50401 641-423-6241



HSNI \_\_\_\_\_ City \_\_\_

At the Humane Society of North Iowa, we seek responsible homes for our animals, where owners fulfill the physical needs, veterinary needs, safety and emotional needs of their pets. Our adoptive dogs and cats must not become free-roaming nuisances. To these ends, the Humane Society reserves the right to refuse any Adoption Application.

Adopters must be at least 18 years old. All adults in the household must participate in this application and selection process. We may require a valid form of identification bearing the applicant's current address. Renters must supply their landowner's name and phone number. Veterinary care and housing arrangements for applicants' current pets must meet HSNI standards.

By signing this application, the applicant gives *express permission* for the HSNI to investigate all statements made on this application. Specifically, the applicant gives the HSNI permission to inquire of and obtain veterinary care records for the applicant's current of past pets. Also, for applicants who rent their dwelling or trailer lot, the Humane Society will contact the current landowner to confirm permission for applicant to house a cat on the property as an indoor pet.

Name (include spouse)						
Street address						
Mailing address						
City		State		_ Zip Code_		
Home phone number:		Email A				
Are you at least 18 years old? _	Do	you attend schoo	1?			
Place of Employment		Work I		How Long?		
Spouse's place of Employment_		Work Number				
Do you live in a: House	_ Apartment	Condo		Dorm	With parents	
Mobile Home Farm_	OTHER (	describe)				
I RENT I OWN						
Landowner's name		_Landowner's A	.ddress			
City	State	Zin Code	Phone	Number		

1. Have you ever adopted a pet from a shelter before? What Shelter?
2. Have you ever been refused adoption of a pet from a shelter? If so, why?
3. Have you ever released a companion animal to a shelter? If so, please explain:
4. Have you ever been involved with an Animal Control Department or other law enforcement agencies regarding your pet or another animal? Yes No If yes, please explain the circumstances
Please provide the following information about your household:
5. Number of adults Number of children Ages of children
6. Which member of your household will hold primary responsibility for the feeding of your new dog?
7. Who will train your dog?
8. Are any members of your household allergic to animals? No Yes If so, explain
9. Please tell us why you want to adopt this dog. Check all that apply: Gift For a child Companion to another pet Companion for myself As a guard dog
How do you plan to prevent or correct behavioral problems such as?  10. Barking: Chewing:
11. Fence jumping: Aggressive behavior:
12. How do you plan to house-break the dog?
13. If you move in the future, what will you do with your pet(s)?
14. A dog may live 12-to-20 years. Are you prepared to make a commitment to this dog for its lifetime?
15. For what reason(s) would you return this animal to the Humane Society?
16. Some dogs take two weeks or longer to adjust to their new home. Is this acceptable?
17. What type of dog are you looking for?Size? Sex? Breed?
18. a. Are you aware that, in the first year, regular preventative medical attention may cost \$150 to \$200? b. Are you aware that, in the first year, food, supplies, and obedience training may cost \$100 to \$150?
19. This dog will be without human companionship for about hours per day, days per week.
20. What arrangements will you make for your pet(s) when you leave for extended periods? (vacations, etc)

21. Where will this dog be kept during the day? during the night?						nt?	
22. Do you under	stand the state	e laws/local ordin	ances	that require va	ccinati	ng, leashing	g and licensing dogs?
23. What type of	identification	n will you place or	n your	dog?			
							shelter?
25. Will you use	a rope, chain	or cable as the so	le mea	ns of confinin	g this c	log?	
26. How many ti	mes per day v	will you take this	dog ou	tside?			
Please describe a	and name the	pets you have ow	ned dı	uring the past	five ye	ars:	
Type / Breed	Name	KEPT WHERE?	AGE	ALTERED? (SPAYED/ NEUTERED)	SEX	STILL OWN?	IF NO, WHY?
27. For the above	e, who is your	veterinarian?					
28. What is the clinic phone number?							
29. What vaccinations has your pet had in the past year?							
30. When was your pet's last visit to a veterinarian? Reason?							
							_ Other newspaper
By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of facts may result in my losing the privilege of adopting or keeping an adopted pet. I understand that the Humane Society of North Iowa has the right to deny my request to adopt an animal, and I authorize investigation of all statements in this application. I understand that this application is the property of the Humane Society of North Iowa.							
Signature						Date	

## FOR OFFICE USE ONLY, BELOW THIS LINE

Applicant interviewed:	Date	By	
Adoption approval:	Yes	No If no, why not?	
Veterinary Check:	All okay	Vaccinations not current or other problems	
Landowner's approval:	Yes	No If no, why?	
Other comments:			