



Dog & Puppy Application

This application is the property of the Quincy Humane Society

OFFICE USE ONLY

DNA check by _____

Names of dogs interested in: _____

Applicant Information

(Adult #1) Last Name: _____ First Name: _____ M.I. _____ Birth Date: ____/____/____
 (Adult #2) Last Name: _____ First Name: _____ M.I. _____ Birth Date: ____/____/____
 Address: _____ Home Phone: (____) _____ - _____
 City: _____ State: _____ Zip: _____ (Adult #1) Cell Phone: (____) _____ - _____
 Email: _____ (Adult #2) Cell Phone: (____) _____ - _____

of years at residence: _____ If at address less than 1 year ⇨ Prior address: _____
 Type of Property: House Prior City: _____ State: _____ Zip: _____
 Townhouse
 Apartment *If you are not the owner of your home, please provide the home owner's name and
 Condo phone number: _____
 Mobile Home
 Other: _____

(Adult #1) Employer: _____ Position: _____ Phone: (____) _____ - _____
 (Adult #2) Employer: _____ Position: _____ Phone: (____) _____ - _____

Household Information

of adults in household: _____ Relationship(s): _____
 # of children in household: _____ Age(s): _____
 Is anyone allergic to animals? Yes No If yes, who and what type of animal? _____
 If you have to move in the future, what will you do with your pets? _____
 Who in your household will be the pet's primary caregiver? _____
 What are your beliefs regarding spaying/neutering? _____
 Do you plan on cropping your dog's ears and/or docking your dog's tail? Yes No If yes, why? _____

Pet Ownership

Please list all dogs and cats you have owned as an adult (*past and present*)

Name	Breed	Age	Sex	Spayed	Declawed	Deceased	Where are they if not in the household?
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	
			M F	Yes No	Yes No	Yes No	

Who is your Veterinarian? _____

Vet's City: _____ State: _____ Phone: (____) _____ - _____

When was your current pet's last visit to a Veterinarian? ____/____/____

Are all your pets up-to-date on vaccinations? Yes
 No ⇨ Why? _____

of pets you have had as an adult: _____

Have you adopted from the Quincy Humane Society in the past? Yes ⇨ Where is animal now? _____
 No

Dog/Puppy Application

Describe your ideal pet: _____

Why do you want to adopt? _____

What kind of pet are you looking for?

- Indoor
- Outdoor
- Indoor/Outdoor

Where will the dog be when...

- ...you're home? _____
- ...you're not home? _____
- ...you're asleep? _____

How will you entertain/exercise your dog? _____

Do you have a fenced-in yard? _____ If yes, what kind? _____

How will you housetrain your dog? _____

How will you introduce this dog to other animals in your household? _____

How much time are you prepared to allow for your new pet to adjust to your home? _____

Under what circumstances would you return this dog? _____

How many hours a day will your dog be alone? _____

Are you committed to providing a responsible home for your pet's entire life? (Could be 15+ years) Yes No

Have you ever turn an animal into a shelter? Yes No If yes, why? _____

Are you prepared to assume the financial responsibilities of providing a dog with adequate food, training, toys, routine and

Are you willing to sign a legal contract agreeing to pet owner responsibility? Yes No

By my signature, I certify that the above information is complete and correct and that I am at least 18 years of age. I realize that any misrepresentation of fact may result in my losing the privilege of adopting an animal. I understand that the Quincy Humane Society has the right to deny my request for adoption. I authorize verification of all statements on this application I including but not limited to prior vet medical history. I understand that this application is the property of the Quincy Humane Society who reserves the right to share this information with other shelters and rescue organizations.

Signature Date / /

FOR OFFICE USE ONLY

Adoption Counselor: _____ / / Final Application Approved? Yes No

If pending...please list what needs to be completed...	Date completed	Initials
_____	___/___/___	___
_____	___/___/___	___

Comments: _____

