



Quincy Humane Society 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: _____ Birth Date: ____/____/____
 (Adult #2) Last Name: _____ First Name: _____ 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

Condo

Mobile Home

Other: _____

Do you... Rent ⇨ Landlord/Complex Name: _____

Own Landlord/Complex Phone: _____

Are you allowed pets? Yes No

(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	Neutered	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? _____

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 emergency medical care, etc? (Could \$1,000+ per year) Yes No

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: _____ /____/____

Initial Application Approved? Yes No

If pending...please list what needs to be completed...

Date completed Initials

____/____/____
____/____/____
____/____/____

Comments: _____

