



Dog Adoption Application

Name of the dog you are applying to adopt: _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

PLEASE BE AWARE THAT THE BCHS RESERVES THE RIGHT TO REFUSE ANY ADOPTION FOR ANY REASON THAT WE FEEL IS NOT IN THE BEST INTEREST OF OUR ANIMALS.

I/we the applicant(s), certify by my/our signature(s) below that I/we have read and understand the above noted refusal right of the Butler County Humane Society (BCHS).

Signature: _____ Date: _____

Signature: _____ Date: _____

Are you over 21 years of age? Yes No

If you are under 21, you will need a co-signer to adopt.

Signature of co-signer: _____ Date: _____

Printed name of co-signer: _____

Relationship to adopter: _____

Emergency contact. Please list someone other than yourself or living in your home.

Name: _____ Phone: _____

References. Please provide the names and phone numbers of two references. One must be a non-relative and both references must not reside in your residence.

Name: _____ Phone: _____

Name: _____ Phone: _____

THIS APPLICATION DOESN'T HOLD ANY ANIMAL & CANNOT BE CONSIDERED UNTIL IT IS RETURNED TO THE BUTLER COUNTY HUMANE SOCIETY.



THE BCHS RESERVES THE RIGHT TO REQUIRE A HOME VISIT FOR ANY ANIMAL BEFORE ADOPTION; IT IS A REQUIREMENT FOR CERTAIN BREEDS.

Would you allow us to bring the dog you are considering adopting to your home for a visit?

Yes No If no, why not? _____

Do you live alone? Yes No

If no, please list all people living with you and their ages:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

*All members of the household must come to the shelter to meet the animal you wish to adopt. If you have any concerns about this policy, please speak to management.

- 1) Does anyone in the household suffer from allergies to pets? Yes No
If yes, how do you plan to handle this? _____

- 2) Is anyone in the household fearful of or nervous around animals? Yes No
If yes, how do you plan to handle this? _____

- 3) Who is the employer for you or other adults in the home? (specify if other) _____

- 4) Are there any regular visitors to your home, human or animal, with which your new pet must get along? Yes No
If yes, please explain: _____

- 5) Have the pets you currently own ever been introduced to other animals? Yes No
If yes, how did they react? _____

- 6) If you currently own a dog, do you consider it to be: (check any that apply)
 Submissive Dominant Protective of you/family Unsocialized



*All dogs in the household must be brought in to meet the dog you are applying for. No exceptions will be made to this policy.

7) Please list all owned pets currently living inside and outside the home:

Name:	Species:	Age:	Breed:	Spayed/Neutered?

8) What is your vet clinic's name and phone number?

_____ () _____

9) You may be required to call your vet and allow them to release your information to us. Would you be willing to do so? Yes No

If no, why not? _____

10) Are the animals in the household up to date on vaccinations? Yes No

If not, please explain: _____

11) Have you owned a pet in the last 5 years that is no longer with you? Yes No

Where is this pet now? (check one)

Lost Stolen Gave away Died Other

Please explain: _____

12) Are any cats in the household declawed? Yes No

13) Are all dogs in the household licensed? Yes No County: _____

14) Please indicate your type of residence: (check one)

House Apartment Condo Mobile home Trailer
 Farm Ranch Townhouse Dormitory

15) Do you (check all that apply):

Rent** Own Rent-to-own** Live with roommates
 Live with other adult who owns the home Live with parents

*If you live in a mobile home that is in a trailer park, please list the name and phone number of the owner/manager of the park: _____



**If you rent or rent to own, please list the name and phone number of your landlord or the person you are buying from:

16) How long have you lived at your present address? _____

17) What kind of animal are you looking for? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Personal/Family companion | <input type="checkbox"/> Child's companion | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Companion for other pet | <input type="checkbox"/> Sport | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Guard dog | <input type="checkbox"/> Protection for self/home |

18) What is your home environment like? (check all that apply)

- | | | | | |
|------------------------------------|--|--|--|--|
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Active | <input type="checkbox"/> Near a highway | <input type="checkbox"/> No Yard | <input type="checkbox"/> Country setting |
| <input type="checkbox"/> Pet door | <input type="checkbox"/> Unfenced yard | <input type="checkbox"/> Fenced yard | <input type="checkbox"/> Invisible fence | |
| <input type="checkbox"/> Pond/pool | <input type="checkbox"/> A lot of visitors | <input type="checkbox"/> We travel a lot | | |

19) Have you adopted from a shelter before? Yes No Date: _____
Where is that pet currently? _____

20) Have you ever surrendered a pet to a shelter? Yes No Date: _____
What were the circumstances? _____

21) Who will be the person responsible for the day-to-day care of this animal (e.g., feeding, exercising, walking, poop-scooping)? _____

22) Who will care for the pet if you are away overnight or longer? _____

23) Where will the pet spend most of its time? (check all that apply)

- | | | | |
|----------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Indoors | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Outside kennel | <input type="checkbox"/> Tied to a dog box |
|----------------------------------|-----------------------------------|---|--|

Please explain: _____

24) Where will the pet be when you are not home? _____

25) Where will the pet sleep? _____

26) What kind of training do you expect the dog you adopt to have before you take the dog home? (check any that apply)

- | | | | |
|-------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Housetrained | <input type="checkbox"/> Some obedience training | <input type="checkbox"/> Fully trained |
|-------------------------------|---------------------------------------|--|--|

27) What activity level do you expect the dog you adopt to have? (check one)

- | | | |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> High energy | <input type="checkbox"/> Moderate energy | <input type="checkbox"/> Low energy |
|--------------------------------------|--|-------------------------------------|

28) Do you believe in crating/crate training a dog? Yes No

If no, is there an area to isolate the dog if needed? Please explain. _____



29) What behaviors do you consider to be not acceptable in a dog? _____

30) What will you do if the dog is destructive when left alone? _____

31) How do you plan to discipline the dog?

32) Do you believe professional dog training is beneficial? _____

33) Have you ever taken a dog to training before? Yes No
If yes, where? _____

34) If staff recommends training, are you willing to do that? Yes No
If no, why not? _____

35) How do you plan to exercise your dog and how often? _____

36) If you do not have a fenced-in yard, how do you plan to have your dog “take care of business”?
(check all that apply)
 Walk on leash Run loose in yard Put on tie out Take to dog park
Other: _____

37) It can take several weeks or even months for a new dog to adjust to its new home and family,
especially if other pets are involved. Are you prepared to allow this much time? Yes No

38) Even pets that were previously housebroken are likely to have some accidents in their home as
they adjust. Are you willing to deal with this? Yes No
How? _____

39) What will your feeding schedule be? _____

40) What do you expect to spend on food per month? _____

41) What do you expect to spend on vet bills per year? _____

42) What other animal related expenses do you expect to have to pay for the animal you are
adopting? Please be specific: _____

43) Would you consider adopting a dog with special needs or a disability? Yes No



44) At what point would you consider euthanasia for your pet? _____

45) What circumstance would justify you wanting to return/re-home this animal? _____

Circle all topics you would like to staff to discuss with you?

- Houstraining
- Separation anxiety
- Chewing
- Vaccines
- Diet
- Crate training
- Exercise requirements
- Leash/License laws
- Dogs and children
- Escaping
- Obedience
- Boarding
- Grooming/nails
- Veterinary care
- Other: _____

How did you hear about the BCHS? (check all that apply)

- Advertisement
- Critter Corner
- Event
- Previous adoption
- Radio
- Craig's list
- Website
- Word-of-mouth
- Walk-in
- Referral



Acknowledgement of Understanding

Please initial on the line below that you have read the following statements.

_____ I am financially and physically able to care for this pet. I understand that pet food and vet care can be costly, and I am able to meet those obligations.

_____ I understand that if the information I have given on this application and to the staff of the BCHS is found to be false or misleading, my application can be refused or the animal shall be relinquished to the BCHS without a refund of monies paid and I will be responsible for a surrender fee.

_____ I understand that should I adopt from the BCHS, the adoption fee, in its entirety, goes toward the care of the animals at the shelter and that this adoption fee is NON-REFUNDABLE.

_____ I understand that the BCHS accepts up to 3 applications for each animal.

Signature: _____ Date: _____

Printed Name: _____

The following behavior issues were seen in this animal prior to adoption: _____

By my signature, I verify that I am aware that this animal has shown the behaviors stated above while at the Butler County Humane Society.

Staff Signature: _____ Date: _____

Adopter Signature: _____ Date: _____



FOR STAFF USE ONLY

Employee Name: _____

Animal Name: _____

1) What information still needs gone over with the adopter on the second visit? _____

2) Does this dog/puppy have any specific behavioral problems? _____

3) Does this dog/puppy have any health problems or medical conditions currently being treated?

4) Was the medication gone over with the adopter? Yes No
5) Will the animal be: Indoors Outdoors Outside kennel Tied out at a dog box
6) Has everyone in the family met the dog? Yes No
If no, who still needs to come in? _____

7) Do they rent or own? Rent Own
8) Do they have any dogs? Yes No
9) Did a dog intro take place? Yes No
10) Intro needs done on 2nd visit? Yes No
11) What were the dog's reactions? _____

12) Do they have any cats? Yes No
13) Was the cat introduction done? Yes No
14) What was the dog's reaction? _____

15) Other comments: _____

