**Adopter Information**

Are you over 18? Yes No

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Person (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time lived at this address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time with Current Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Information**

Are other people in your home experienced with dogs/cats? Yes No

Does everyone in the house want to get a new dog/cat? Yes No

Have all the members of your home met the animal? Yes No

Household activity level: Quiet Active Very Active

Please list the names and ages of other members in your household: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_

Do you live in a: House Apartment Dorm Mobile Home Duplex Other

Do you: Own Rent

Do you have the homeowner’s permission to have a dog/cat? Yes No

If you rent or live with family, what is the homeowner’s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is their phone number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre-Adoption Questions** (please answer all)

What is the name of the animal you are interested in adopting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is this pet being adopted for? Myself/My Family For friend as gift

Why have you decided to adopt? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will you do to ensure you will be a responsible owner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you know about the breed(s) you want to adopt (breed characteristics, potential health issues, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What happens if you get another animal that doesn’t like this animal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What happens if it has accidents in the house?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to spay/neuter? Yes No N/A– already done

Do you plan to breed? Yes No N/A

Do any family members have allergies? Yes No

Have you applied to adopt from CCHA or another animal shelter before? Yes No

If yes, when and where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever brought an animal to a shelter? Yes No

If yes, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever given an animal to another person? Yes No

If yes, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any life-altering events in your near future (baby, moving, divorce, job layoff)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you move in the future, what will you do with the dog/cat?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOG APPLICANTS ONLY (SKIP ALL CAT QUESTIONS)**

How will you exercise your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This dog will be alone without human companionship for about \_\_\_\_\_\_\_\_\_ hours per day.

Are you familiar with the specific needs of the breed you have chosen?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will train the dog? Adopter Obedience class/Trainer Other\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you comfortable doing some training with this dog to improve manners such as inappropriate jumping, housetraining, barking, pulling on the leash, digging, chewing, shyness/fear, etc.?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It may take the new pet a month or longer to adjust to your home.

Are you prepared for this adjustment period?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What problems would make you want to return the pet? (Circle all that apply)

-Housetraining issues -Barking -Chewing -Eating furniture -Digging

-Inappropriate jumping -Pulling on leash -Severe Aggression -Biting/Scratching

-Shyness/Fear Hiding -Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you plan to deal with: •Food Aggression • Poor Manners • Barking • Housetraining • Mouthing / play biting • Scratching (furniture or people) • Climbing on furniture/counters • Chewing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to deal with unforeseen circumstances this pet may present? Yes No

When not at home, the pet(s) will be: Crate Trained Free roam of house Outside Other

When outside, how will the dog be confined? Fenced Yard Harness & lead Covered fenced area Outdoor enclosure

Please describe the enclosure and note when they will be confined to it (during what hours of the day, and what times of year, etc\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAT APPLICANTS ONLY (SKIP ALL DOG QUESTIONS)**

What problems would make you want to return the pet? (Circle all that apply)

-Litterbox issues -Chewing -Clawing furniture -Biting/Scratching

-Shyness/Fear Hiding -Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you plan to deal with: • Aggression • Shyness/Hiding •Play biting

• Scratching (furniture or people) • Climbing on furniture/counters • Chewing plants/cords \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to deal with unforeseen circumstances this pet may present? Yes No

This cat will be: inside only outside only inside & outside

Do you intend to declaw this cat? No Front declaw Front & Back declaw Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aware of the behavioral problems that can come from declawing your cat? Yes No

It may take the new pet a month or longer to adjust to your home.

Are you prepared for this adjustment period?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you committed to spend 12- 20+ years providing health care, food, grooming & attention to the cat/dog?** Yes No

 **Pet Ownership Experience**

In the box below, please list all pets you have owned in the last five years (including those no longer with you), and all pets currently living in the home (this includes pets belonging to roommates, etc.) If you no longer have any of the pets listed above, please explain what happened to them:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Species(cat/dog/bird) | Name | Sex(m/f) | Type/Breed | Kept Where(in,out,both) | Age | Spayed/ Neutered(yes/no) | Still own(yes/no) |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* If you have not owned any pets in the last five years, and there are no pets currently living in the home with you, please check here: \_\_\_\_\_\_ (you can leave the following section blank)

What Vet Clinic do you use?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the pet owner’s name on the account at the vet clinic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please Read Carefully and Sign: The undersigned applicant hereby grants the Chippewa Humane Association permission to confirm any information provided in this application with any appropriate third party source, including landlords, veterinarians, etc. The information obtained will be held in confidence and used only by the Chippewa Humane Association for purposes of this adoption application. I certify that all the information on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. I also understand that this adoption application is at its own discretion. It is specifically understood that the Chippewa Humane Association reserves the right to deny any adoption application at its own discretion. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_