

Chippewa Humane Dog Adoption Application

Received: _____
Approved: _____
Denied: _____
Reason: _____

This application is to help us determine whether the adoption is in the best interest of the dog(s), as well as to assist you in finding the animal most compatible with you, your home, and your lifestyle. Thank you for taking the time to read and complete this application and go through our adoption process

Please fill out this application completely.



In order to be considered for an adoption you must:

- * Be 21 years of age & have verifiable identification.
- * Have knowledge & consent of all adults living in your household.
- * Have landlord's consent to bring an animal onto your property.
- * Understand that CHA has the right to deny or approve an application at its discretion.
- * Understand that applying does not guarantee approval nor does it reserve animals for you.
- * Understand that we process applications as quickly as possible, but the process can take several days to complete.
- * **Complete all blanks on this form. Missing information will delay or disqualify your application.**

Adopter Information

Are you 21 or over? Yes No Date of Birth _____

Name _____ Primary Phone _____

Secondary Person (if applicable) _____ Secondary Phone _____

Email Address _____

Street Address _____ City _____ State _____ Zip _____

Time lived at this address _____

Place of Employment _____ Occupation _____

Time with Current Employer _____

Household Information

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

Does everyone in the house want to get a new dog? 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 _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Do you live in a: House Apartment Mobile Home (Own) Mobile Home - Which Park? _____

Duplex Dorm Other

Do you: Own Rent Live with Family

* If you rent or live with family: Landlord's Name: _____ Phone: (____) _____

Do you have the homeowner's permission to have a dog? Yes No

Are you aware of any restrictions that would prevent you from adopting a dog?

No Restrictions Landlord Permission Insurance Policies Weight or size Restrictions Breed Restrictions

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? _____

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.?

If the dog you adopt is not house-trained, or needs basic skills to be a good companion in your home, what steps will you take? _____

Are you willing to use a trainer? Yes No

What trainer will you use? _____

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

Are you prepared for this adjustment period? Yes No

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

Housetraining issues

Inappropriate jumping

Other: _____

Barking

Pulling on leash

Chewing

Severe Aggression

Eating furniture

Biting/Scratching

Digging

Shyness/Fear Hiding

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.) _____

How experienced do you feel in securing veterinary care for a dog?

No experience – but I am eager to learn! Some Experience – I know how to find a veterinarian

I have a vet that I use and love! Other: _____

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.)

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

If you no longer have any of the pets listed above, please explain what happened to them:

* 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)

Are your pets up to date with vaccinations? Yes No I don't know

What Vet Clinic do you use? _____ Phone _____

What is the pet owner's name on the account at the vet clinic? _____

Are you aware of the state laws regarding licensing and vaccinations? Yes No

When adopting an unneutered or unspayed dog from CHA, it is required to have the dog spayed/neutered. Are you prepared financially and willing to comply with this policy? Yes No

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 _____

References: 1)

2)