



Etowah Valley Humane Society Adoption Application: DOGS

PLEASE PRINT

Animal applied for: _____ Date: _____
 Your name: _____ DOB: _____
 Spouse: _____
 Current address: _____ Apt. _____
 City: _____ State: _____
 County _____ Phone: _____

NOTE: THE PROVIDING OF FALSE INFORMATION HEREIN WILL RESULT IN THE FORFEITURE OF ADOPTION FEES AND ANY ANIMAL ADOPTED. IN ORDER TO BE CONSIDERED AS AN ADOPTER TODAY, YOU MUST:

- Be 18 years of age or older
- Have identification showing your current address
- Have the knowledge and consent of your landlord and/or parent if you rent or live at home
- Need proof of current vet records

By signing your name below, you agree to allow EVHS to verify with your veterinarian the vaccination and spay/neuter status of your pets. You also agree that if your vet is unable or unwilling to provide this information, you will be required to provide written verification from your vet of this information. Please check here that you have read and understand this requirement for adoption.

I agree (signature): _____

PLEASE RETURN COMPLETED APPLICATION TO THE SHELTER OR FAX TO (678)-721-6953

THE FOLLOWING INFORMATION is required so that we can assist you in the selection of a new pet. The consultation process is designed to help us determine if the adoption is in the animal's best interest, and to assist you in finding an animal that is compatible with your lifestyle. **Please check all that apply.**

Why are you adopting this pet?	<input type="checkbox"/> family pet <input type="checkbox"/> child's pet <input type="checkbox"/> watchdog <input type="checkbox"/> companion for me <input type="checkbox"/> breeding <input type="checkbox"/> hunting dog <input type="checkbox"/> guard dog for business <input type="checkbox"/> companion for other pet(s) <input type="checkbox"/> gift <input type="checkbox"/> other
Who are you adopting for?	<input type="checkbox"/> self <input type="checkbox"/> family <input type="checkbox"/> someone else
Who are the other members of your household?	<input type="checkbox"/> parents <input type="checkbox"/> children <input type="checkbox"/> other relatives <input type="checkbox"/> roommate <input type="checkbox"/> I live alone
Is any member of your household allergic to animals?	<input type="checkbox"/> yes <input type="checkbox"/> no
What are the ages of any children in the home? LIST AGES OF ALL MINORS:	
If you do NOT live alone, do all members of your household know that you plan to adopt a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you or your spouse currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where do you live?	<input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> townhouse <input type="checkbox"/> condo <input type="checkbox"/> mobile home <input type="checkbox"/> duplex
Do you own your home or rent?	<input type="checkbox"/> Own <input type="checkbox"/> Rent If you rent, name of landlord or apartment complex: _____ phone #: _____
Will an adult be in the home during the day?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> part-time
What is the longest period of time the pet would be home alone on an average day?	
Who will be responsible for taking care of your pet?	
How will you housebreak your dog?	
If crating, how long will the dog be crated during the day or night?	
How will you handle chewing, scratching, or other destructive behavior?	
Where will your dog live?	<input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> both

