



HIAWATHA
Animal Humane Society

DOG ADOPTION APPLICATION

Please fill out and bring with you
to pet introduction meeting

Meet Your Match!

Questions designed to help YOU find the
pet best suited to YOUR life!

NAME _____

ADDRESS _____

CITY _____

STATE & ZIP _____

PHONE (Day) _____

PHONE (Evening) _____

EMAIL _____

Please bring your Driver's License with you to the meeting!

YOUR HOME ENVIRONMENT:

Number of Adults in Home _____

Number of Children in Home _____

Age of Children _____

Have You Ever Given An Animal To A Shelter or To Another Person? Yes No

Current Animals in the Home (please include the breed and age) _____

Do Members of Your Home Have Allergies/Asthma? Yes No

Do You Have a Fenced Yard/ Area For Outside Animal Play? Yes No

If You Move, Do You Plan To Bring Your Pet With You? Yes No

Type of Residence (please circle):

House Duplex Apartment Condo Mobile Home

Do You Rent or Own your Home? (If you rent, fill out Landlord Verification Form) _____

Name of Landlord & Phone _____

Length of Time at Current Address _____

Employer _____

Does Your Job Require Extensive Travel? Yes No

Are You Aware Of The Costs Involved With Boarding Your Animal? Yes No

Have You Ever Applied For An Animal With Us Before? Yes No

DOG ADOPTION SURVEY

Last Name _____ First Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ E-mail _____

1 I have owned a dog before.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently own dog(s)
2 The last time I had a dog was:	<input type="checkbox"/> 2-10 years ago <input type="checkbox"/> > 10 years ago <input type="checkbox"/> Not currently, but within the last year
3 My dog needs to get along with my other dogs.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names, ages & breeds.
4 My dog needs to be good with: (check all that apply)	<input type="checkbox"/> Children > 8 years old <input type="checkbox"/> Children < 8 years old <input type="checkbox"/> Elderly <input type="checkbox"/> Cats or animals other than dogs
5 My dog will primarily be an:	<input type="checkbox"/> Inside dog <input type="checkbox"/> Outside dog
6 How many hours will your dog spend outside per day?	_____ hours
7 My dog needs to be able to be alone:	<input type="checkbox"/> 4 hours or less per day <input type="checkbox"/> 8-10 hours per day <input type="checkbox"/> 2 hours or less per day <input type="checkbox"/> 12 hours per day
8 When I'm at home, I want my dog to be by my side:	<input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Little of the time
9 When I'm not at home, my dog will spend its time:	<input type="checkbox"/> In the garage <input type="checkbox"/> In the yard <input type="checkbox"/> In a crate in the house <input type="checkbox"/> Loose in the house <input type="checkbox"/> Confined to one room in the house
10 I want a guard dog.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 I want my dog to hunt or herd with me.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 I want my dog to be the type that is very enthusiastic in the way s/he shows s/he loves people.	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very
13 I want my dog to be playful.	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very
14 I want my dog to be laid back.	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very
15 I am comfortable doing some training with my dog to improve manners such as jumping, stealing food, and pulling on the leash.	<input type="checkbox"/> No training <input type="checkbox"/> Some training <input type="checkbox"/> A lot of training
16 I (or my children) want to participate in Agility, Flyball, or Obedience with our dog.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17 I am interested in a dog with "special needs" (medical or behavioral).	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 How much do you think you'll spend yearly for the care of your dog? (Food, medical care, boarding, toys, etc.)?	\$ _____
FOR OFFICE USE ONLY N: M: L: K: D: 1-2-3-4-5-6-7-9-10-11-18	



Landlord Verification

Please fill out and bring with you
to pet introduction meeting

As the owner of the property at, _____

I give permission for my tenant, _____ to have a cat or dog on
the premises.

Unrestricted _____

OR with the following restrictions:

Date: _____

Landlord's Name: _____

Landlord's Signature: _____

Hiawatha Animal Humane Society

P.O. Box 215 Lake City, MN 55041

651.448.0396

www.hahumanesociety.org