



SOUTH WOOD COUNTY
HUMANE SOCIETY

90 Pepper Avenue
Wisconsin Rapids, WI 54494
715-423-0505

Canine Adoption Application

We are committed to finding the best home for every animal entrusted to our care and ensuring that the dog you are interested in adopting is best suited to you, your home, and lifestyle; therefore, we would appreciate your providing us with following information. We review each application carefully. Please understand that our responsibility to animals and clients make it necessary for us to deny some applications.

What is your name? _____ Today's Date: _____

Your permanent street address, where the dog will be living: _____

City _____ State _____ Zip _____

Home Phone #: _____ Work #: _____ Cell #: _____

What is your current occupation? _____

How long have you been employed there? _____

Have you ever applied to adopt/previously adopted from the South Wood County Humane Society?

No Yes (If yes, how long ago?) _____

Where did you find out about the SWCHS or this animal? _____

Please complete the following information regarding the household in which your pet will reside:

How many adults live in this household? _____

How many children live in this household? _____

What are the ages of the children? _____

What type of dwelling do you live in? House Condo Apartment

Mobile Home Farm Dorm Other _____

I live with: Parents Other I rent I own

If you rent, does your landlord/home association allow pets? _____

Landlord Name & Phone Number: _____

Are you over 21 years of age and have identification saying so? _____

Would you consider your yard small, medium, or large? _____

Is it fenced in? Yes No If fenced, please describe height/type: _____

Dogs may live more than 15 years. Are you willing to make the commitment to care for this animal for the rest of its life? Yes No

What type(s) of pets have you owned during the past five (5) years?

Type/Breed	Kept Inside/Outside	Age	Name	Spayed/Neutered?	Still Own?

If you no longer have the pet(s) listed, please explain what happened to him/her:

Are all the animals you have now up-to-date on their rabies & distemper vaccinations?

Yes No Unsure _____

How much do you think the cost of spaying and neutering is? _____

Are you prepared to assume the financial responsibilities of providing your dog with adequate food, medical care, housing, training, toys, etc. (approximately \$400-\$700 per year)? _____

Is this an expense you can afford? _____

What type of food do you intend to feed your dog? How often? _____

It may take your new dog a month or longer to adjust to its new home. Are you prepared to allow this much time? Yes No Concerns: _____

Do you plan to take your dog to obedience classes? Yes No Unsure

Where will you keep the dog during the day and night? _____

How many hours will your dog be kept outside? _____

If your dog is kept outside, what type of shelter will be provided?

Not applicable Fenced Yard Barn Garage Kennel
 Dog House Running Cable Other _____

How many hours during the day will your dog be left alone? _____

When you are not home, this pet will be: Crate trained Confined to a room

Have run of house Kept outside Other _____

How will the dog be exercised? _____

Who will be exercising your dog? _____

Are you aware of the license, leash, and animal laws of your community? Yes No

Is the dog being adopted as a: (Check all that apply.)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Pet | <input type="checkbox"/> Gift | <input type="checkbox"/> Companion for other pet |
| <input type="checkbox"/> Guard dog | <input type="checkbox"/> Hunting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Breeding | <input type="checkbox"/> Family Companion | |

What is the activity level of your household?

- Quiet Active Very active

How often do people visit your home?

- Seldom Occasionally Very frequently

Are you planning to move in the next six months? _____

If you are moving, are animals allowed at your new home? Yes No Unsure

Do all the members in your household know that you plan to adopt? _____

Does anyone in your household have any allergies to animals? _____

Are allergies controlled by medication/other means? _____

Who will be the dog's primary caretaker (i.e., feed, train, exercise, groom, take to veterinarian, etc.?)

Have you ever been convicted of, or received citations for, the violation of Federal, State, or Municipal animal codes? Yes No If yes, please explain _____

What is your past experience with dogs?

- First time owner Have had one or two Knowledgeable & experienced

Please provide a brief description of how you would correct your new puppy/dog if it showed destructive behavior (i.e., chewing, clawing, barking?)

How often do you travel and who will be caring for your dog while you are away? _____

How do you plan on housebreaking this dog? _____

Even housetrained dogs may have housetraining accidents during the new transition. How would you correct this problem? _____

Change is inevitable in one's lifetime. What will you do if you move/can no longer care for your animal?

If you have had pets in the past, which veterinarian did you see? If not local, please include city in which their office is located and phone #:

Please provide two *non-related* references, providing us with phone numbers (including area codes) where they can be reached during the day:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I certify that I am at least 21 years of age and the information I have given is true. I recognize that any misrepresentations of facts may result in my losing the privilege of adopting a pet. I authorize any and all verifications of statements made in the application, and I understand that the **South Wood County Humane Society** has the right to deny my application.

I am fully aware that I am adopting a living creature and, as such, that the **South Wood County Humane Society** is unable to guarantee the health of the animal. If this animal becomes ill, I certify that I am financially and/or emotionally prepared to treat this animal at my own expense.

Signature: _____ **Date:** _____

Thank you for your interest in the South Wood County Humane Society!

*****FOR OFFICE USE ONLY*****

Please initial item as completed.

_____ SWCHS Records

_____ Veterinarian Reference

_____ Landlord, Condo, Mobile Home Manager Approval: _____ Yes _____ No

Comments: _____

_____ Reference 1 contacted

_____ Reference 2 contacted

Adoption:

_____ Approved _____ Pending _____ Denied

_____ Follow-up from Executive Director

_____ Deposit/Adoption Fee Paid?

_____ Bathe, Clean Ears, Clip Nails

_____ Goodie Bag?

Comments: _____
