

**Green Hills Animal Shelter  
Application for Dog Adoption**

*Please Note: This application is designed to help us help you make the best possible choice: the right home for each animal and the right animal for each home. Please respond to all of the following questions carefully and completely.*

**Name of dog you are interested in adopting:** \_\_\_\_\_

**Section 1: Adopter Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
          First                      Middle                      Last

Address: \_\_\_\_\_  
          Number and Street                      City                      State                      Zip

County of Residence: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

**Section 2: Household Information**

How long have you resided at your current address? \_\_\_\_\_

In what type of home do you live?

- Single Family
- Duplex
- Apartment
- Townhouse
- Condominium
- Mobile Home
- Military Housing

Do you own or rent your home?

- Own
- Rent: Landlord's Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

If you rent, have you received the approval of your landlord to have an animal?

- Yes
- No

How many people reside in your household?

Number of Adults: \_\_\_\_\_

Number and Ages of Children: \_\_\_\_\_

Who in the household will be responsible for care of the pet? \_\_\_\_\_

Which best describes your household's activity Level?

- Grand Central Station
- Couch Potato
- Somewhere In Between

What other pets do you currently have? Please list species, current age, gender, whether or not each animal is spayed or neutered, and how long you have had each animal: \_\_\_\_\_

\_\_\_\_\_

What vaccinations have your current pets had in the last year? \_\_\_\_\_

What animals have you owned in the past? Please list species, age, gender, whether or not pet was spayed or neutered, and the length of time you had each pet. \_\_\_\_\_

\_\_\_\_\_

Have you ever adopted a pet from a shelter or rescue before? If so, please list shelter name, animal adopted (dog or cat), and the approximate date of adoption.

Yes: Shelter name, animal adopted (dog or cat) & approximate date of adoption \_\_\_\_\_

No

Have you ever given up a pet?

Yes If yes, please explain. \_\_\_\_\_

No

### Section 3: Adoptive Pet Info

Where will the dog be kept when you are home?

- Inside
- Outside

Where will the dog be kept when you are away from home?

- Inside
- Outside

When the dog is outside, how will it be contained?

- Fully Fenced Yard
- Invisible Fencing
- Outside Kennel
- Chain or Tie Out
- Other (please describe): \_\_\_\_\_

If using an outside kennel, how many hours will the dog spend in the kennel each day? \_\_\_\_\_

If using a chain or tie out, how many hours will the dog spend on the chain or tie out each day? \_\_\_\_\_

Where will the dog sleep? \_\_\_\_\_

How much time will the dog spend alone each day? \_\_\_\_\_

Which of the following best describes your availability to exercise a dog?

- Minimal exercise
- Lots of exercise on weekends
- Three 15-minute walks a day
- Long morning and evening walks
- Would go running several miles a day with me

Why are you interested in adopting a dog? \_\_\_\_\_

What personality traits are you looking for in a companion animal? \_\_\_\_\_

What, if any, behavioral problems have you experienced with companion animals in the past, and how did you resolve them? \_\_\_\_\_

**Section 4: References and Veterinary Information**

Please provide at least one reference who is not a family member. Please include first and last name and phone number: \_\_\_\_\_

Name

Phone

Please provide your current veterinarian's name and phone number:

\_\_\_\_\_  
Vet Name

\_\_\_\_\_  
Phone

Veterinary Records Release: I hereby release to Green Hills Animal Shelter all veterinary records of any and all animals I have had or currently have from the following veterinary clinic. Please include the clinic's name and telephone number:

\_\_\_\_\_  
Clinic/Vet Name

\_\_\_\_\_  
Phone

As part of our commitment to you and your pet and to help ensure that each adoption be a success, we will be keeping in touch with you. Please indicate the most appropriate time and phone number to reach you:

**Signature:**

I certify that all information in this form is true, and I understand that providing false information may void the application. I also understand that failure to comply with future requirements, such as spaying or neutering, could result in my inability to adopt other animals from GHAS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_