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ADOPTION APPLICATION – DOG/PUPPY

NOTE: ANYONE APPLYING FOR ANY ANIMAL THAT IS NOT SPAYED/NEUTERED MUST HAVE A CONFIRMED SPAY/NEUTER APPOINTMENT PENDING APPROVAL OF THEIR APPLICATION.

The first step in the process of adopting a pet from the HSSM is to complete this application. The application provides important information regarding decisions on permanent and responsible “forever homes” for our animals and information submitted shall be held in strict confidence. Please provide detailed information for all questions. PLEASE NOTE: We reserve the right to accept or deny adoption to any applicant. No animal will be adopted to persons who mislead or fail to provide accurate information on the adoption application.

Name of the pet(s) you are interested in: _____

PERSONAL INFORMATION

Name _____ Date _____

Address _____ Age _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Spouse/partner/roommate name _____

Will the pet reside at the address above? (circle one) Yes No

If no, explain and provide address where pet will live. _____

EMPLOYMENT INFORMATION

Are you currently (check all that apply): Employed Full-Time Employed Part-Time

Unemployed

Retired

Student

Other, explain: _____

If employed, name of employer _____

Job title/line of work _____ How long there? _____

Employer address _____

Employer phone _____

Spouse/partner occupation _____

HOUSEHOLD INFORMATION

How many adults live in your home, other than yourself? _____ How many children live in your home? _____

List names and ages of all household members: _____

Are ALL members of your household aware of and in agreement with adopting a new friend? Yes No

If no, who is not in favor and what is the nature of their concern or objection? _____

Would this be your first dog that you have owned? Yes No

HOME INFORMATION

Do you OWN or RENT your home? _____ Type of home (if rent) _____

How long at current address? _____

If less than 2 years, provide previous address and how long there: _____

IF YOU RENT: Does your lease allow pets? Yes No Don't know

Are there any quantity, size or breed restrictions where you rent? Yes No Don't know

Name and phone of landlord (REQUIRED) _____

Do you have a fenced yard? Yes No

If yes, describe the type and height of fence: _____

If no, how do you plan to keep your pet on your property? _____

Will you still be able to care for this and any other current pets if your home or family situation changes

(i.e. relocation, divorce)? Yes No

ADOPTION INFORMATION

Why do you wish to adopt this pet? (check all that apply)

___ Companionship _____ Teach my children responsibility/to care for

___ Love animals, want to help a pet in need another creature

___ Companion for another pet _____ Want to breed

___ Feel sorry for the animal _____ The dog is so cute just can't leave

it behind

___ Gift for someone. If gift, for whom? _____

___ Looking for guard dog for home or property. If guard dog sought, provide details: _____

What is your preferred level of activity with the dog? (check all that apply)

- Couch potato Short walks Jogging, running or hiking
 Yard play Obedience training Agility or field trials
 Long or vigorous walks Mental activity games Swimming
 Other _____
-

What type of dog are you willing to provide a permanent home for? (check all that apply)

- Friendly Timid or shy High-Energy
 Low activity, calm Physically challenged or Cat averse
 Dog that needs training handicapped Need ongoing medications
 Playful Senior dog

Please tell us about any strong preferences you have in selecting your new dog. (check all that apply)

- Female Male Short hair
 Non-shed, hypo-allergenic Non-groom Long hair

Size/weight _____ Breed _____

Age range _____ Color _____

VET CARE

Describe what you consider routine veterinary care: _____

What is your estimate of the cost of annual routine vet care for the pet you plan to adopt? _____

Who is your current or past veterinarian? (if any) _____

Phone _____

Do you give your dogs a heartworm preventative? Yes No

If no, why not? _____

Do you give your dogs a flea/tick preventative? Yes No

If no, why not? _____

Are your pets' vaccinations up-to-date? Yes No

If no, why not? _____

CURRENT AND PAST PETS

What pets do you currently have? (exclude fish)

Pet Name	Type of Animal	Age	Where Obtained	Spayed/Neutered?	
				Yes	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are your current dogs licensed? Yes No

If no, why not? _____

Do your current pets wear identification tags? Yes No

If no, why not? _____

Tell us about the pets you have owned in the past, who are no longer with you.

Pet Name	Type of Animal	Age	Deceased?		If alive, where is it & why?
			Yes	No	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please tell us about the pet's weekly schedule as it pertains to your schedule. **Which hours during the day will your pet routinely be left alone?** (for example, if everyone is at work 8-4 on Monday, you would write 8-4 in the Monday box)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

When inside and you are home, how do you plan to keep your pet? (check all that apply)

- Free inside the house
 Confined to crate
 Inside closed room
 Other _____

When inside and you are away, how do you plan to keep your pet? (check all that apply)

Free inside the house Confined to crate Inside closed room
 Other _____

When outside, how do you plan to keep your pet? (check all that apply)

Tie-out chain Fenced yard Patio area Loose and unattended
 Invisible fence Garage Dog run On leash with regular walks
 Fenced yard with doggie door to inside
 Other _____

Where will your pet be kept during the day? _____

Where will your pet sleep at night? _____

If you decide to crate train, what is the longest amount of time your dog would be confined? _____

TRAINING AND BEHAVIOR

How will you introduce your new pet to any existing pet? (*advice is available from HSSM*)

Will you take your dog or puppy to training classes? Yes No

If no, how do you plan to teach your dog appropriate behaviors for living with your family? _____

Which of the following behaviors or characteristics will be a serious problem for you?

Jumping on furniture Shedding Marking Chewing on shoes/furniture
 Houstraining Barking/howling Digging Jumping on people
 Other _____

How do you plan to handle these issues should they arise? _____

All dogs require exercise and different environments for their well-being and good behavior. Are you able to provide your dog with exercise? Yes No

If no, what is your plan for meeting your pet's needs for exercise and activity? _____

RESPONSIBILITY

Are you prepared for a 10- to 15-year commitment to a dog? Yes No

Who will be primarily responsible for the care of your new pet? _____

How old is this person? _____

When you travel, how are your pets cared for while you are gone? _____

If the pet(s) were to survive you, what would happen to them? Who would take responsibility for them?

Have you ever relinquished any of your pets to the county pound or any other facility? Yes No

If yes, why? _____

How long will you keep the pet you plan to adopt? _____

If you move in the future, what do you plan to do with the pet? _____

What would cause you to return the pet to the HSSM at some time in the future? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Unable to housebreak the pet | <input type="checkbox"/> Didn't "bond" with the pet, not that attached |
| <input type="checkbox"/> Pet chews on furniture or is destructive | <input type="checkbox"/> Too much energy, hard to control |
| <input type="checkbox"/> Pet bites someone | <input type="checkbox"/> Can't afford to provide what the pet needs |
| <input type="checkbox"/> New pet doesn't get along with existing pets | <input type="checkbox"/> Tire of responsibility |
| <input type="checkbox"/> Changed my mind about caring for a pet | <input type="checkbox"/> Life change such as a new job |
| <input type="checkbox"/> Divorce or death of spouse/partner | <input type="checkbox"/> New baby, fear the dog will harm her/him |
| <input type="checkbox"/> Pet growls or snaps at someone | <input type="checkbox"/> Find out I'm not a "dog person" |
| <input type="checkbox"/> Dog proves to be too much work on top of caring for the children | <input type="checkbox"/> Kids go away to school, adults remaining don't want to care for pet |
| <input type="checkbox"/> Pet develops serious medical condition that | <input type="checkbox"/> Change in relationship, new love interest |
| <input type="checkbox"/> I can't afford to treat | <input type="checkbox"/> doesn't like pet |
| <input type="checkbox"/> Other _____ | |

How did you hear about HSSM's adoption program? (check all that apply)

- Pet rescue group; which? _____
- Vet referral; who? _____
- Classified ad; which paper? _____
- County pound; which? _____
- Word of mouth, friend, etc. Saw sign on street Radio
- Foster home or volunteer Repeat adopter HSSM website
- Internet search Newspaper Internet ad
- Yellow Pages Other _____

If you are no longer able to keep the animal you adopt, are you willing to comply with the HSSM contract, which you are required to sign, and return the pet to us? Yes No

If no, why not? _____

Furthermore, do you agree that if you cannot keep the animal you adopt, you must humanely house this animal until such time as space opens up at the HSSM? Yes No

If no, why not? _____

🐾 I allow release of all veterinary records of the animals mentioned in this application, current and/or past, for evaluation of responsible pet ownership.

🐾 I attest that the above statements are true to the best of my knowledge. I understand that no pet will be adopted to persons who mislead or fail to provide accurate information on this application. I understand that this application is not approved until authorized by HSSM adoption counselors. The Humane Society of Southwestern Michigan reserves the right to accept or deny adoption to any applicant.

Applicant Signature _____ Date _____

Printed Name _____

Please be sure to read the next page thoroughly before turning in your completed application.

DOGS

THE RISK INVOLVED IN ADOPTING A PET FROM A SHELTER

*The Humane Society of Southwestern Michigan is not a pet shop but an animal shelter to homeless pets or those pets that can no longer be kept by their owners. The Humane Society of Southwestern Michigan cannot guarantee the health, habits or disposition of these pets, but is most anxious to share with you as much information as is available about them for their sake and yours. Obviously, there are risks involved in adopting a pet. So that you will understand some of them beforehand, **please read the following information carefully.***

DISTEMPER:

Distemper is an extremely contagious and damaging virus that is borne both in the air and on objects. A dog does not have to come in direct contact with another dog to get distemper. Unfortunately, many dogs die or are permanently damaged because their owners did not realize the need for regular distemper inoculations. Do not confuse the distemper shot with the rabies shot. The rabies shot is the shot required by the State of Michigan before you can purchase a dog license, a requirement designed to protect people from contracting rabies as a result of an animal's bite. Rabies is rare. *Distemper is not rare!* Distemper is difficult to diagnose in its early stages. An animal may be listless, suffer loss of appetite, have a discharge from the nose, have a pink tinge in the whites of its eyes and have a slight fever. Later symptoms are unmistakable, with one animal showing several symptoms and another only one or two symptoms, such as sensitivity to the touch, heavy mucus from the nose, hard food pads, eyes sensitive to light, and finally, convulsions.

UPPER RESPIRATORY VIRUSES:

More prevalent than distemper is another virus, tracheal bronchitis, commonly called "kennel cough" because it is most frequently found in dogs that are housed together. Although not fatal or disabling, kennel cough can be stubborn, especially in puppies. The dog develops a croup-like cough and swollen tonsils. Your veterinarian may prescribe antibiotics to relieve the dog's discomfort, but as with all viruses, kennel cough must be overcome by the animal's natural immune system. If you have a dog at home, you should ask your veterinarian about the advisability of a preventative shot for the pet before introducing a pet from the shelter. This is particularly wise if you have an older dog.

PARVOVIRUS:

Parvo is a contagious intestinal disease characterized by severe vomiting, a formless bloody and smelly stool, high fever, and dehydration. Onset of these symptoms is very sudden, but is usually preceded by the dog's acting lethargic and having a loss of appetite. The dog must be taken to a veterinarian immediately. The virus seems to strike dogs under stress, those in unfamiliar surroundings, such as shelters, kennels, or dog shows. Prime candidates seem to be puppies and older dogs that have led protected lives.

STATEMENT OF UNDERSTANDING

I understand that the animal I am interested in adopting may require medical treatment that could result in significant veterinary medical bills. **I will not hold the Humane Society of Southwestern Michigan accountable for the cost of such treatment the animal may require after adoption.**

Signature

Date